MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03754

3785

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 7900 Kentbury Drive

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Marsood (Last) Abood

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-22-94
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 11 Days 19 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lebanon
12. CITIZEN OF WHAT COUNTRY? Syria

13. FATHER'S NAME: ? Joseph
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 7900 Kentbury Dr Mr. Massoud Abood, Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Diabetes and

DUE TO (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Virus pneumonia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1955, to 4-11, 1955, that I last saw the deceased alive on 4-11, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Bethesda, Md DATE SIGNED 4-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-14-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 4/12/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03755

3786

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
LENGTH OF STAY (in this place): 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3017 Medway Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 3017 Medway Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): HORACE E. ACKERMAN

4. DATE OF DEATH: (Month) (Day) (Year): April 3, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 27, 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Julius Garfinkle

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram A. Ackerman

14. MOTHER'S MAIDEN NAME: A. Alice McKowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes — (If Yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: 577-05-9455

17. INFORMANT & ADDRESS: Mr. Robert E. Ackerman 11,712 Viers Mill Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Coronary Occlussion	hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Coronary Sclerosis	3 yrs
DUE TO (C)	Angina	3 yrs

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952 to April 3, 1955 that I last saw the deceased alive on April 3, 1955, and that death occurred at 10:39 A.M. from the causes and on the date stated above.

SIGNATURE: Dr. J. D. Damian M. D. ADDRESS 2741 34th St. N.W. Washington D.C. DATE SIGNED 4-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4/6/55

NAME OF CEMETERY OR CREMATORY: Arlington Nat'l. Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 4-5-55

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

VS. A15 — 10 - 53

3765 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03756

CERTIFICATE OF DEATH

Item 12, Film G180 4-21-55 et

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park. — LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY — 47-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia
STREET ADDRESS (If rural, give location) 1239 Savannah St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Nick (Middle) — (Last) Alexopoules

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2-10-88
9. AGE last birthday 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steve Alexopoules
14. MOTHER'S MAIDEN NAME: — unknown —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — Terminal & Recent
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1955, to 4/13, 1955, that I last saw the deceased alive on 4/12, 1955, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

SIGNATURE Robert A Hare, M.D. — ADDRESS Takoma Park Md. — DATE SIGNED 4/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-16-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR April 13 1955 — REGISTRAR'S SIGNATURE J Walter Dodd — 24. FUNERAL DIRECTOR J Elmer Lee & Sons — ADDRESS Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 1~~ 03757

3787 CERTIFICATE OF DEATH Reg. Dist. No. 5 16

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Rural Cabin John, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6512 - 79th Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cabin John, Md. X
STREET ADDRESS (If rural give location) 6512 - 79th Place

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) Edward (Last) ALLEN
4. DATE OF DEATH: (Month) Apr. (Day) 2, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 22, 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 7 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Builder
10b. KIND OF BUSINESS OR INDUSTRY: Home builder Self-employed
11. BIRTHPLACE (State or foreign country): Montgomery Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Albert W. Allen
14. MOTHER'S MAIDEN NAME: Eliza Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Bessie V. Allen 6512 -79th Pl., Cabin John, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
181X Immediate cause	(a) Circulatory Failure	one week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Metastatic Carcinoma (primary focus bladder)	16 mo
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 23 Feb 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec, 1953, to 2 april, 1955, that I last saw the deceased alive on 2 april, 1955, and that death occurred at 6:29 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Zack W Sanders M D Cabin John Md 3 april 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-5-55
NAME OF CEMETERY OR CREMATORY Potomac Church Cemetery
LOCATION (City, town, or county) (State) Montomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 4/4/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A Pumphrey
ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03758

3766

CERTIFICATE OF DEATH

Reg. Dist. No. 22-3

1. PLACE OF DEATH:
COUNTY Montgomery County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Edythe (Middle) Lucille (Last) Alsop

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 9, 1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph H Bowers

14. MOTHER'S MAIDEN NAME: Alice C. Greenwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. David H. Alsop, Brookville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4h hrs.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cardiac Infarct — 4h hrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1950, to 4-29, 1955 that I last saw the deceased alive on 4-28, 1955, and that death occurred at 10:25AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 1252 Sixth St., S. W. Wash. D.C. DATE SIGNED 4-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 3-1955 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR April 29-1955 — REGISTRAR'S SIGNATURE J. Nelson Dodd — 24. FUNERAL DIRECTOR Shu & Hines Co. — ADDRESS 2401-14th St. NW. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03759

3783

CERTIFICATE OF DEATH

Reg. Dist. No. 215

Item 4, Film G182 6-10-55 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3 hrs 10min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church 83x3
STREET ADDRESS (If rural give location) 1404 Patrick Henry Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) ASHLOCK

4. DATE OF DEATH: (Month) April (Day) 10 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 4-10-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas E. ASHLOCK
14. MOTHER'S MAIDEN NAME: Virginia K. JEWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father Thomas E. ASHLOCK Same ad above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7766 IMMEDIATE CAUSE (A) Prematurity - 2½ lbs — INTERVAL BETWEEN ONSET AND DEATH 3hrs 10 mins.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Apr, 1955, to 11 Apr, 1955, that I last saw the deceased alive on 11 Apr 1955, and that death occurred at 12:01A M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews — ADDRESS — DATE SIGNED

W. S. MATTHEWS LCDR MC USN, U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Complete cremation
DATE THEREOF 12 Apr 1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12 Apr 1955
REGISTRAR'S SIGNATURE: Harry E. Farrell
24B. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Ave., Bethesda, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20452322 71

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03760

CERTIFICATE OF DEATH

3789

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockwood 75 X-3
STREET ADDRESS (If rural give location) Route 1 ✓

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Marcellus (Last) BARCLAY

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S ingle
8. DATE OF BIRTH: 9-15-34
9. AGE last birthday 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank E. BARCLAY
14. MOTHER'S MAIDEN NAME: Violet M. SCHROCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY NO. 191-28-2711
17. INFORMANT & ADDRESS: Obtained from Official Navy records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,
193X
IMMEDIATE CAUSE (A) Malignant brain tumor — INTERVAL BETWEEN ONSET AND DEATH: 4 months
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 27 April 1955
19B. MAJOR FINDINGS OF OPERATION: Large posterior fossa tumor
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Apr, 1955, to 30 Apr, 1955 that I last saw the deceased alive on 30 Apr, 1955, and that death occurred at 9:43AM, from the causes and on the date stated above.

SIGNATURE E. P. Thelen — ADDRESS E. P. THELEN LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Rockwood, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 30 April 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03761

3790

CERTIFICATE OF DEATH

Reg. Dist. No. 2 / 7

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Olney, Md. 73

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewisdale, RFD Clarksburg, Md. X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) Edith (Middle) E. (Last) Beall
4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Sept. 18, 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Fletcher Burdette
14. MOTHER'S MAIDEN NAME: Florence Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Barry R. Beall, Clarksburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260 X IMMEDIATE CAUSE	(A) Acute Coronary Occlusion (thrombosis?)	12 hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Diabetes Mellitus - severe	18 yrs
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1935, to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE M. McKendree Boyer M.D. ADDRESS Druid Theatre Building, Damascus, Maryland DATE SIGNED April 8, 1955
M. McKendree Boyer, M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Apr. 12, 1955
NAME OF CEMETERY OR CREMATORY Bethesda Meth.
LOCATION (City, town, or county) (State) Browningsville, Md.

DATE REC'D BY LOCAL REGISTRAR 4-11-55
REGISTRAR'S SIGNATURE Bertand B. Lowe
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03763

3791

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 30 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47 x 3
STREET ADDRESS (If rural give location) 110 Carroll Street √

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ann (Last) BERG

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 6-20-95 | 9. AGE last birthday 59 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Connecticut | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Benjamin T. MURPHY

14. MOTHER'S MAIDEN NAME: Mary KELLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Mr. William B. BERG Sr. Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Apr, 1955, to 21 Apr, 1955, that I last saw the deceased alive on 21 Apr, 1955, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE G. I. Pliltman — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

G. I. PLITMAN LT MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 25 Apr 1955 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 22 Apr 1955 | REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Ryan Funeral Home — ADDRESS 317 Pennsylvania Ave., N.W. Washington, D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

3792

2411 N. Charles Street, Baltimore

03764

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8607 PINEY BRANCH ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 8607 PINEY BRANCH ROAD

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ALBERT (Last) BOORMAN

4. DATE OF DEATH (Month) APR. (Day) 13 (Year) 1955

5. SEX MALE

6. COLOR OR RACE CAU

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH JULY 6, 1879

9. AGE last birthday 75 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE

11. BIRTHPLACE (State or foreign country) WARRENTON, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ROBERT HENRY BOORMAN

14. MOTHER'S MAIDEN NAME ELIZABETH DUVAL BRODIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS EMILIE E. BOORMAN, WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) CARDIAC FAILURE — Interval Between Onset and Death: 1943 ONSET

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) ASHD — 12 YRS.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE KNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Apr., 1955, to 13 Apr., 1955, that Doctor of this hospital I last saw the deceased alive on 11 Apr., 1955, and that death occurred at 1130 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Maj; USAF MC — Walter Reed Army Hosp — 13 Apr 55 — D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 13 Apr 55 — NAME OF CEMETERY OR CREMATORY Warrenton East Cemetery — LOCATION (City, town, or county) (State) Warrenton, Virginia

DATE REC'D BY LOCAL REG. 4-19-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS — Fowler VA 8-5512

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03765

3793

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY MONTGOMERY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY — LENGTH OF STAY (in this place) 1 MON

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 SHARON NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD — COUNTY PRINCE GEORGES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 8302 - 49th AVE 1614.2

STREET ADDRESS (If rural, give location) COLLEGE PARK, MD.

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) A. (Last) BROWN

4. DATE OF DEATH: (Month) APRIL (Day) 8th (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	WIDOWED	APRIL 6/1860	95 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	NEW JERSEY	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN GEIGER	FREDERICA (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO — NONE	NONE	JOHN F. GUEST - 8302 - 49th AVE, COLLEGE PARK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

33/X

Immediate cause (a) CEREBRAL ACCIDENT — Interval between onset and death: 6 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) advanced arteriosclerosis — 4 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 1, 1954, to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE John F. Geisel (DEGREE OR TITLE) M.D. ADDRESS College Park DATE SIGNED 4/8/55

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/9/1955	MT. PLEASANT CEM.	NEWARK, N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9 1955	Bertrude B Lawler	W. W. Chambers Co.	Riverdale MD

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 03760

3794 **CERTIFICATE OF DEATH** Reg. Dist. No. [redacted] 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kensington
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Kensington Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont'g
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Brown

4. DATE OF DEATH: (Month) Apr (Day) 22 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/4/1857

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): House keeper, Self Emp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Brown

14. MOTHER'S MAIDEN NAME: Mary Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: H. D. Brown, Barnesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 24 hours

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) A.S.C.V.D.

(904.9) 443X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Hip.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 19 54, to 4/23, 19 55, that I last saw the deceased alive on 4/23, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Mueller M.D. 4/23/55 ADDRESS 2330 Parkland Drive Wheaton City, Rockville, Md. DATE SIGNED 4/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/25/55 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) Beallsville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 4/25/55 REGISTRAR'S SIGNATURE ~~Charles W. Elgin per~~ Frances Patterson

24. FUNERAL DIRECTOR William B. Hilleary ADDRESS Barnesville, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03767

3795

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 4 wks-
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Brooke Grove Chronic Hospital-

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard-
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dayton 13X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Everett (Middle) (Last) Burroughs-

4. DATE OF DEATH: (Month) Apr- (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 22- 1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norbeck- Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.-

13. FATHER'S NAME: George W. Burroughs-

14. MOTHER'S MAIDEN NAME: America Beckworth-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Pt's. Admission Record-

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Adenocarcinoma of the stomach & metastasis to retroperitoneal gland DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1953, to 4-17, 1953, that I last saw the deceased alive on Apr- 16, 1953, and that death occurred at 1:55 A M, from the causes and on the date stated above.

SIGNATURE Lillian K. Ziegler M.D. ADDRESS Olney DATE SIGNED 4-18-53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF APRIL 19, 1953 | NAME OF CEMETERY OR CREMATORY NEAR ROCKVILLE MD | LOCATION (City, town, or county) (State) MONTGOMERY CO. MD

DATE REC'D BY LOCAL REGISTRAR 4-18-53 | REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3796 03768

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty. Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Germantown (rural)
STREET ADDRESS (If rural, give location) R F D. # 1

3. NAME OF DECEASED: (First) Oscar (Middle) William (Last) Burroughs
4. DATE OF DEATH (Month) Apr (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	single	10-21-91	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	County Roads	Md.	U S A

13. FATHER'S NAME: George E. Burroughs
14. MOTHER'S MAIDEN NAME: Barbara O. Peter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 19 hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of skull
DUE TO
(c)

900.0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Reported to have been under influence of alcohol

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home	21c. (City or town) (County) (State) Germantown - R F D. Monty Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-23-55 - 7:00 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Fell down flight at home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 27 1955	St Mary's	Rockville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-26-55	Gertrude B Fawley	Roy W Barber	Laytonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03769

3797

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-15-2
STREET ADDRESS (If rural give location) Franklin Ave. & Riggs Road

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Rake (Last) Bushong
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: July 10, 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 9 Days 10 IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: (unk) Rake
14. MOTHER'S MAIDEN NAME: Elmira (unk)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wm. A. Bushong 7295 S. Barton St., Arlington, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Cardiac Decompensation — 6 Mos
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis — ?
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Pneumonic — 3-4d

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Apr, 19 55 to 20 April, 19 55 that I last saw the deceased alive on 19 April, 1955, and that death occurred at 3:10 AM from the causes and on the date stated above.
SIGNATURE William D. Ault M. D. ADDRESS Silver Spring DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-22-55
NAME OF CEMETERY OR CREMATORY Union Cem
LOCATION (City, town, or county) (State) Leesburg Va.

DATE REC'D BY LOCAL REGISTRAR 4/21/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Jas. T. Ryan Inc.
ADDRESS Wash. D.C.

3793 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03770

CERTIFICATE OF DEATH

Reg. Dist. No. 218

Item 2, FilmCl80 4-21-55 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carrl. 11
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Westminster 8643
STREET ADDRESS (If rural, give location) 52 Bond St.
Asbury Methodist Home

3. NAME OF DECEASED: (Type or Print) Last (Family) Butler First (Middle) Cora Maiden (Last) Fox Butler

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: March-16-1874 | 9. AGE Last birthday: 81 yrs. | IF UNDER 1 YEAR: Months 0 Days 23 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Seamstress | 10b. KIND OF BUSINESS OR INDUSTRY: Millinery | 11. BIRTHPLACE (State or foreign country): West Minster, Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Eli James Butler | 14. MOTHER'S MAIDEN NAME: Frances Ann Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: none | 17. INFORMANT & ADDRESS: Dead in Asbury Methodist Home, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

903.5
Immediate cause (a) Shock — Interval Between Onset And Death: 13 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) fracture of upper end of right femur — 13 hrs
DUE TO (c) fall after getting out of taxi-cab

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility-arthritis

19a. DATE OF OPERATION: C | 19b. MAJOR FINDINGS OF OPERATION C | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ C | HOW DID INJURY OCCUR? C

22. I hereby certify that I attended the deceased from Dec. 11, 1953, to April 8, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herbert E. Mellor, M.D., 7-Brooke Av., Gaithersburg, Md 4-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-11-53 | NAME OF CEMETERY OR CREMATORY Westminster | LOCATION (City, town, or county) (State) Westminster Md

DATE REC'D BY LOCAL REGISTRAR Apr 8, 1953 | REGISTRAR'S SIGNATURE Ursula L. Cooke | 24. FUNERAL DIRECTOR ADDRESS Ernest C. Factor, Gaithersburg, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3799

03771

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 9. FilmG180 4-29-55 et

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4890 Chevy Chase Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural, give location) 4890 Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) B. (Last) BYRNES

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/31/1899

9. AGE last birthday: 55 56 yrs. If under 1 year: Months 12 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Structural Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rhode Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Byrnes

14. MOTHER'S MAIDEN NAME: Deliah Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary C. Byrnes - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X Immediate cause (a) Acute Respiratory Failure — Interval Between Onset and Death: 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Carcinomatosis — 1 Month

(c) Carcinoma of Pancreas — 2 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 3-9-55

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas & Generalized Metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to April 20, 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE Charles B. Hodson (Degree or title) ADDRESS 1801 Eye St. N.W. D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4/23/1955

NAME OF CEMETERY OR CREMATORY: St. Rose

LOCATION (City, town, or county) (State): Cloppers Maryland

DATE REC'D BY LOCAL REG. 4/22/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Roberts a. Pumphrey

ADDRESS: Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03772

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

3820

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Chronic Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 83 X-3
STREET ADDRESS (If rural give location) 12 N. Rolfe

3. NAME OF DECEASED: (Type or Print) (First) Ludwig (Middle) Caminita (Last) Sr.

4. DATE OF DEATH: (Month) Apr. (Day) 18 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: unknown

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: News Editor

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Caminita

14. MOTHER'S MAIDEN NAME: Joan Pizzo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ludwig Caminita, Jr. Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Hypostatic pneumonia and Congestive failure — 3 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — years

(9049)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. old silicosis (30-50 yrs). Hip fracture (at his own residence)

19A. DATE OF OPERATION: 29 Mar 55t

19B. MAJOR FINDINGS OF OPERATION: fractured left hip — intertrochanteric

Treated — open repair

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 19..., to 18 April 1955 that I last saw the deceased alive on 17 April, 1955, and that death occurred at 8:55 M, from the causes and on the date stated above.

SIGNATURE Richard B Castell M. D. ADDRESS Mayflower Hotel DATE SIGNED 18 April 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation

DATE THEREOF: April 18, 1955

NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory

LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR: 4-18-55

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: B Dalmansky & Son ADDRESS 3501 14th St NW Wash D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03773

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3801

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place) 11/27/54 4/8/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home 3000 McComas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47 X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Frederick (Middle) (Last) Carpenter
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	June 14 1866	88 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proofreader
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George D Carpenter
14. MOTHER'S MAIDEN NAME: Lydia Higley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 IMMEDIATE CAUSE	(A) Congestive Heart Failure	1 month
ANTECEDENT CAUSE (S) DUE TO	(B) Arteriosclerosis	yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Senility	yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29/54 to 4/8/55, that I last saw the deceased alive on 4/6/55, and that death occurred at 8 A M, from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS DATE SIGNED 4/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4/12/55	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-9-55	Frances Potter	J H Hines Co.	2901 14th N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

03775

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3892

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9112 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
56
STREET ADDRESS (If rural, give location): 9112 Flower Avenue
1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vincent	J.	Cascio	April	19	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white		10/25/54		5	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Manuel F. Cascio
14. MOTHER'S MAIDEN NAME: Angela A. Conglone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Manuel F. Cascio, 9112 Flower Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
762.0 Immediate cause	(a) Atelectasis of both lungs	life
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Moderate upper Respiratory infection	1 wk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bourhart M.D. (Degree or title) — ADDRESS: Gaithersburg md — DATE SIGNED: 4-19-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/21/55	Cedar Hill Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG. 4/21/55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

9V0499V99V

VS. A15A

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03776

3767

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Eventide Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 6817 Fairfax Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Page (Last) Smith Chambliss

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: 4/22/75
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville, Tenn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bathurst Lee Smith
14. MOTHER'S MAIDEN NAME: Bell Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Bathurst Chambliss 6817 Fairfax Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Cardiac failure	24 hrs.
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic heart disease	20 yrs.
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Carcinoma of the coecum	2 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 47, 19 47 to April 19, 1955, that I last saw the deceased alive on April 18, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Joseph J. McCarthy Jr. M.D. ADDRESS 3001 Q St. N.W. Wash. D.C. DATE SIGNED April 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 4/21/55
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR April 19, 1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS 2901 14th St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3893

CERTIFICATE OF DEATH

0377716 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Mont — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chev. Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 5700-Cedar Parkway

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) John (Last) Cleland

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 7, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): First Vice President

10b. KIND OF BUSINESS OR INDUSTRY: Buckeye Intercontinental Corp.

11. BIRTHPLACE (State or foreign country): Chi. Ill.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Cleland

14. MOTHER'S MAIDEN NAME: Eck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 336-09-9749

17. INFORMANT & ADDRESS: John Cleland Jr 3681-Upton St. N.W.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

203 X

Immediate cause (a) Multiple Myeloma — Dec 1954

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Terminal bronchopneumonia — 4 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 11 1955 — 19b. MAJOR FINDINGS OF OPERATION: Myeloma of lower cervical vertebae — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1946, to April 2, 1955, that I last saw the deceased alive on April 2, 1955, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Claff (Degree or title) M.D. ADDRESS 3921 Ingomar St. Wash DC DATE SIGNED April 2 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/5/55 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln — LOCATION (City, town, or county) (State) Prince Georges Co. Md

DATE REC'D BY LOCAL REGISTRAR 4/4/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S.H. Hines Co — ADDRESS 2901-14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03778

CERTIFICATE OF DEATH

3804 Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) Box 641 Garboe Ave., Burnt Mills Hills

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Connors

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 17, 1880
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Bureau of Engrav
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: — Connors
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 578-05-6581-A
17. INFORMANT & ADDRESS: Mrs. J.W. Wrathall Box 641 Garboe Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
539.1 IMMEDIATE CAUSE	(A) Massive Intrathoracic Hemorrhage	30 Mins
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Rupture of fresh esophago-gastric anastamosis	2 hours
	(C) DUE TO Stenosis of cardiac end of esophagus	2 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension		2 years

19A. DATE OF OPERATION: 4/12/55
19B. MAJOR FINDINGS OF OPERATION: Esophageal ulceration
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 19 55 to April 12, 19 55, that I last saw the deceased alive on April 12, 19 55, and that death occurred at 7 45 P M, from the causes and on the date stated above.

SIGNATURE James A. Roberts M.D. ADDRESS 9507 Geo. Ave. Silver Spring, Md. DATE SIGNED 4/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/16/55	Ft. Lincoln Cemetery	Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR 4/18/55 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03779

3805

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney —
LENGTH OF STAY (in this place) 2 days —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Brooke Grove Chronic Hospital —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10403 Huntley Ave — 56 1

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) ADA (Last) Conwell
4. DATE OF DEATH: (Month) Apr — (Day) 12 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married —	Nov. 10 — 1877	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Pickens Co. S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Greenfields
14. MOTHER'S MAIDEN NAME: Martha Mullinex.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: O. E. Conwell Lanham Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart dis. — 5 + yr.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Pneumonia Interstitial 2 weeks

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 May, 19 48, to 12 April, 19 55, that I last saw the deceased alive on Apr. 12, 1955, and that death occurred at 9:20 P M, from the causes and on the date stated above.

SIGNATURE AND M. D. A. A. Richwine — ADDRESS 5512 Eastern Ave Silver Spring 15 Md — DATE SIGNED 15 Apl 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/15/55	Lord Lincoln Cemetery	Colmar Manor. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14, 1955	Gertrude B. Lawler	F. Gasch & Sons	Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03780

3806

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill 23 x - 2
STREET ADDRESS -- (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Machree (Middle) A. (Last) Corddry

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1955

5. SEX: M F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: December 12, 1892 | 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ray

14. MOTHER'S MAIDEN NAME: Elizabeth Reay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

710.0 IMMEDIATE CAUSE (A) Interstitial Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Dermatomyositis — 3 mo

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 8, 1955, to Apr. 17, 1955, that I last saw the deceased alive on Apr. 17, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE B Chalden MD — ADDRESS The Clinical Center Natl. Institutes of Health — DATE SIGNED

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-22-55 | NAME OF CEMETERY OR CREMATORY Whitesell Methodist | LOCATION (City, town, or county) Snow Hill (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/18/55 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR ADDRESS J Tan Lee & Sons 200 9th St NE Wash D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03781

3768

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 2days. 8hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Vernon 72x-3
STREET ADDRESS (If rural give location) Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Darla (Middle) Joanne (Last) Corder

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5-25-36

9. AGE last birthday 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Frank Corder

14. MOTHER'S MAIDEN NAME: Lily Schar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp. Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.2

IMMEDIATE CAUSE (A) Metastatic tumor of brain with Convulsions — INTERVAL BETWEEN ONSET AND DEATH → 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Malignant lymphoma right ovary — Few months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Mar. 14, 1955.

19B. MAJOR FINDINGS OF OPERATION Large Ovarian tumor-rt. ovary; Small tumor left ovary

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14, 1955, to Apr 19, 1955 that I last saw the deceased alive on Apr 19, 1955, and that death occurred at 10:50 P M, from the causes and on the date stated above.

SIGNATURE Isadore Calvert M.D. ADDRESS 7894 Georgia Ave S.S. Md. DATE SIGNED 4-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit DATE THEREOF Apr 22 1955 NAME OF CEMETERY OR CREMATORY Mountview Cemetery LOCATION (City, town, or county) (State) Mt. Vernon, Ohio

DATE REC'D BY LOCAL REGISTRAR 4-20-1955 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Arthur L. Talley ADDRESS 254 CARROLL ST NW Takoma Park 12, DC

3807

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03782

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) Hours-4 52 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Seneca
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Geneva 69X-3
STREET ADDRESS (If rural give location) 71 State Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Anne (Middle) (Last) Crews

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 27, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min. 52

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Robert Crews

14. MOTHER'S MAIDEN NAME: Elizabeth Jean Lebrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7767 IMMEDIATE CAUSE (A) Prematurity (approx. 22 weeks) - Weight 1'-7½" INTERVAL BETWEEN ONSET AND DEATH 6 Hours.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27/55, 19..., to 4/27/55, 19..., that I last saw the deceased alive on 4/27/55, 19..., and that death occurred at 6:40p M, from the causes and on the date stated above.

SIGNATURE Jack Schumacher M. D. ADDRESS Gaithersburg, Md DATE SIGNED 4/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 4-29-55 NAME OF CEMETERY OR CREMATORY St Rose LOCATION (City, town, or county) (State) Clopper Md.

DATE REC'D BY LOCAL REGISTRAR 4-30-55 REGISTRAR'S SIGNATURE Gertrude B Lawler 24. FUNERAL DIRECTOR Ernest C Gaither ADDRESS Gaithersburg Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

20453012 10
VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, ~~18~~ 03783

3803

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6516 -79th. Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS (If rural give location) 6516 - 79th. St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ROBERT (Last) CUMMINGS

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr. 22, 1885

9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months 11 Days 19 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer-Ret.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairfax Co. - Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Stallion

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Hazel B. DeWitt-Same Item #2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443 X Immediate cause	(a) Congestive Heart Failure	10 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	20 years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to 11 April, 1955, that I last saw the deceased alive on 10 April 1955, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Thursley Reed, M.D. Rockville Md. 11 April 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/13/1955 | NAME OF CEMETERY OR CREMATORY Potomac Methodist | LOCATION (City, town, or county) (State) Potomac-Montg. Maryland

DATE REC'D BY LOCAL REGISTRAR 4/12/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03784

3809

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Item 7, FilmGl80 4-28-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Colesville. — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Boswell's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington · 47X-3

STREET ADDRESS (If rural give location) 2202 Mass. Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) — (Last) Dacey

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	9-21-1879	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
File Clerk	D.C. Health Dept.	Forestville, Md.	U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Catherine Donovan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	—	None	James P. Donovan, Barr Bldg, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
450.0 Immediate cause	(a) Bronchopneumonia (terminal)	4 da
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Cardiac decompensation	4 da
DUE TO	(c) Generalized arteriosclerosis	2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 24, 1952 to April 21, 1955, that I last saw the deceased alive on Apr. 19, 1955, and that death occurred at 1:40 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur H. Lewis	M.D.	1714 R I Ave NW Wash DC	4/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/55	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-22-55	Frances Potter	W.W. Chambers Co	1400 Chapin St N.W.

1 3810 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03785

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

COUNTY: Montg — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Laytonsville, Rural

LENGTH OF STAY (in this place): 15yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laytonsville, Rural X

STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) Egbert (Middle) James (Last) Davis

4. DATE OF DEATH: (Month) apr, (Day) 16, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 3-1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 2, Days 13; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Germantown. Md,

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Davis

14. MOTHER'S MAIDEN NAME: Katherine Trail

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Maud Connelly Davis, Laytonsville.Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.0 (a) Acute Coronary Thrombosis — Interval Between Onset And Death: Minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Dis — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 54 to Apr. 16, 19 55, that I last saw the deceased alive on Apr. 16, 19 55, and that death occurred at 10 55 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M. D. — ADDRESS Gaithersburg, Md. — DATE SIGNED Apr. 18, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-19-55 — NAME OF CEMETERY OR CREMATORY: Darnestown — LOCATION (City, town, or county) (State): Darnestown. Md,

DATE REC'D BY LOCAL REGISTRAR: Apr. 18, 1955 — REGISTRAR'S SIGNATURE: Arnold G. Cooke

24. FUNERAL DIRECTOR — ADDRESS: Ernest C. Gartner, Gaithersburg. Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03786

3811 Item 7, Film 182 6-10-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 141 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE -- COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47X-3
STREET ADDRESS (If rural give location) 2500 Wisconsin Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Anita (Last) Day

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: November 19, 1911

9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10B. KIND OF BUSINESS OR INDUSTRY: Federal Government

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Burch

14. MOTHER'S MAIDEN NAME: Mary Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

IMMEDIATE CAUSE (A) Hodgkins' Disease, generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/30/55

19B. MAJOR FINDINGS OF OPERATION: Tumor of nodes & omentum, fatty liver, hydrops of gall- (bladder.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1954, to Apr. 27, 1955 that I last saw the deceased alive on Apr. 27, 1955, and that death occurred at 7:15A M, from the causes and on the date stated above.

SIGNATURE L. K. Schroeder M.D., M. D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-30-55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Bethesda, Md.

DATE REC'D BY LOCAL REGISTRAR 4/28/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR J. Wm Lee Sons Co - Wash DC ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03787

3784

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place) 26
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Dale Drive 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 13 Dale Drive 26 1

3. NAME OF DECEASED: (First) WILBUR (Middle) S. (Last) DAY (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Jan. 31, 1882	73 yrs.	2	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Butcher	Grossmans Market	Maryland	US

13. FATHER'S NAME: James E. Day

14. MOTHER'S MAIDEN NAME: Emma J. Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	yes-Unknown	Adlyn Day-Rockville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 m.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Thrombosis

(C) Coronary Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/[illegible], 1953 to 4/14, 1955, that I last saw the deceased alive on 4/14, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M. D. ADDRESS Rockville Md. DATE SIGNED 4/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-18-55	Damascus Church Cem.	Damascus, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/19/55	Laurell H. Kraglorp	Robert A. Pumphrey	Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03788

3812

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 505 E. 30th Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) Myles (Last) Deise

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31, 1922

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: Chas. Greer Co., Balto.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Deise, Sr.

14. MOTHER'S MAIDEN NAME: Ida Huinet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W.W. #2

16. SOCIAL SECURITY NO. 215-12-5384

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

441X IMMEDIATE CAUSE (A) Hypertensive cardiovascular disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (Malignant hypertension)

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 31, 1955, to April 14, 1955 that I last saw the deceased alive on April 14, 1955, and that death occurred at 3:10a M, from the causes and on the date stated above.

SIGNATURE Thomas D. Stevenson M.D. ADDRESS M. D. The Clinical Center National Institutes of Health DATE SIGNED 4/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/18/55

NAME OF CEMETERY OR CREMATORY U.S. National

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 4-15-55

REGISTRAR'S SIGNATURE A.W. Hedrick ✓

24. FUNERAL DIRECTOR Wm Cook Inc.

ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03789

3813

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9401 Visitation Convent

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 9001 Old Georgetown Road

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) (Last) Donovan

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-21-61

9. AGE last birthday: 94 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Catholic Nun

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Massachusettes

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN DONOVAN

14. MOTHER'S MAIDEN NAME: MARGARET TOBIN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Convent Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 420.0 — (a) Heart Failure 6 months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart Disease 10 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: No — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 19 54, to April 6, 19 54, that I last saw the deceased alive on April 2, 19 55, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Michael J. McInerney M.D. — ADDRESS 1150 Conn Avenue — DATE SIGNED 4-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 8/55 — NAME OF CEMETERY OR CREMATORY Visitation Convent Cem. — LOCATION (City, town, or county) (State) Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/9/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Collins — ADDRESS 3821 14th. N.W. Wash. D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03790

CERTIFICATE OF DEATH

3769 Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md. LENGTH OF STAY (in this place) 34 days
17 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericksburg 83X-3
STREET ADDRESS (If rural give location) 2015 Princess Anne St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Inez (Last) Dowell
4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 10-12-99
9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Moyer
14. MOTHER'S MAIDEN NAME: Mary Jarrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S ADDRESS: Hospital Admission Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0
IMMEDIATE CAUSE (A) Hemorrhage - from esophageal Varices — 1 hr. 1 hr.
ANTECEDENT CAUSE (B) DUE TO Post necrotic cirrhosis Liver — unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20-55, 19..., to 4-22-55, 19..., that I last saw the deceased alive on 4-22-55, 19..., and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne M. D. ADDRESS Takoma Park Md DATE SIGNED 4-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Apr. 26, 1955
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Fredericksburg (State) Va

DATE REC'D BY LOCAL REGISTRAR April 22-1955
REGISTRAR'S SIGNATURE J. Wilton Dodd
FUNERAL DIRECTOR Shuler & Thompson ADDRESS Fredericksburg, Va.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3770

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03791 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 16-15-2
STREET ADDRESS (If rural, give location) 2125 Gulford Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) Dean (Last) Elliott

4. DATE OF DEATH (Month) (Day) (Year) 4-16-1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 23 1922
9. AGE Last birthday: 32 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Morris White
14. MOTHER'S MAIDEN NAME: Sadie Myrtle Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 116 Boyhig Rd. Harry White, Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X
Immediate cause (a) Toxemia DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Lobar pneumonia (bilateral) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-20-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 4-17-55
REGISTRAR'S SIGNATURE Amanda Dewey
4-20-55 J. Wilson Deale Reg.

24. FUNERAL DIRECTOR F. Pascho Sons ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1 3814 03792

Reg. Dist. No. 212

Item 7, FilmCl&I 5-4-55

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dickerson
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) J. (Last) Fairfax

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug. 26, 1898 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Fairfax | 14. MOTHER'S MAIDEN NAME: Sarah C. Contee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS: Edna Dorsey - Dickerson, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Uremia	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arterio Sclerotic Cardio Vascular Dis	8 years
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Left Hemiplegia	5 years

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 14 Apr., 1955, that I last saw the deceased alive on 14 April, 1955, and that death occurred at 8:10 P M, from the causes and on the date stated above.

SIGNATURE Gordon M. Smith M.D. ADDRESS Barnesville DATE SIGNED 16 Apr. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-19-55 | NAME OF CEMETERY OR CREMATORY Arlington Nat. | LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR April 17, 1955 | REGISTRAR'S SIGNATURE Charles J. Ferguson | 24. FUNERAL DIRECTOR Robert L. Snowden - ADDRESS Rockville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03793

3813

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 20 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56 1
STREET ADDRESS (If rural give location) 10,320 Old Bladensburg Road

3. NAME OF DECEASED: (Type or Print) (First) EMILY (Middle) JEAN (Last) FARQUHAR

4. DATE OF DEATH: (Month) APRIL (Day) 4 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 7, 1881
9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Kraft
14. MOTHER'S MAIDEN NAME: Annie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Roger B. Farquhar, 10,320 Old Bladensburg Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis & myocardial infarction + failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis — 10 yrs
DUE TO (C) Hypertensive cardio-vasc dis. — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Apr, 1955, to 4 Apr, 1955, that I last saw the deceased alive on 4 Apr, 1955, and that death occurred at 9:45 A M, from the causes and on the date stated above.

SIGNATURE Ernest Emery Harmon M. D. ADDRESS 9301 Colesville Rd Silver Spring DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/6/55
NAME OF CEMETERY OR CREMATORY Friends Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 4/9/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Ga. Ave. Silver Spring, Md.

03794

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3816

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7/14 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 12050 Valleywood Drive 56

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Colista (Last) Farrell

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb. 22, 1893
9. AGE last birthday 62 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Plumbers Union
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Joseph Madden
14. MOTHER'S MAIDEN NAME: Mary A. Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes —
17. INFORMANT & ADDRESS: Mrs. Eleanor Rozzies 12050 Valleywood Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
592X IMMEDIATE CAUSE	(A) Uremia	4 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Chronic Glomerulonephritis	10 yrs.
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: April 8, 1955
19B. MAJOR FINDINGS OF OPERATION: Right ingunal hernia
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Apr 15, 1955, that I last saw the deceased alive on Apr 15, 1955, and that death occurred at 7:00 P M, from the causes and on the date stated above.

SIGNATURE John Lawrence Avery M.D. ADDRESS 10110 Georgia Ave, Silver Spring Md DATE SIGNED Apr 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-transit
DATE THEREOF: 4/19/55
NAME OF CEMETERY OR CREMATORY: St. Mary's Church Cemetery
LOCATION (City, town, or county) (State): Randolph, Mass. (Norfolk Co)

DATE REC'D BY LOCAL REGISTRAR 4/18/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

3817

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03795

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 8419 Lynwood Place

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Charles (Last) Fisher

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 24 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 3 Days 21 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10B. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Fisher

14. MOTHER'S MAIDEN NAME: Julia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-10-3167

17. INFORMANT & ADDRESS: Mrs. Julianna Chambers — 9925 Thornwood Rd, Kensington, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
491X IMMEDIATE CAUSE	(A) Congestive Heart Failure	4 Days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Bronchopneumonia	7 Days
	DUE TO (C) Cerebral Thrombosis, old	1 month
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis, general and cerebral	10 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to April 15, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 1:25 P M, from the causes and on the date stated above.

SIGNATURE Robert G. Angle M.D. ADDRESS Bethesda, Maryland DATE SIGNED 4-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/18/1955
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county): Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/16/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03796

CERTIFICATE OF DEATH

3813 Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda rural
LENGTH OF STAY (in this place) 6 Mo. 16 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/ U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria 83X-3
STREET ADDRESS (If rural give location) Woodley Hills Branch PO 2730 Richmond Highway Box 245 ✓

3. NAME OF DECEASED: (Type or Print) (First) Lila (Middle) Joyce (Last) FORD

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 26 April 1930
9. AGE last birthday 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stanley Earl OSBURN
14. MOTHER'S MAIDEN NAME: Gladys WENTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband: Doran Elder FORD, Box 245, Woodley Hills Br., PO 2730 Richmond Highway, Alexandria, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X IMMEDIATE CAUSE (A) Metastatic neuroblastoma — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Sept 1954
19B. MAJOR FINDINGS OF OPERATION: Epidural metastases
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept., 1954 to 7 April, 1955 that I last saw the deceased alive on 7 April, 1955, and that death occurred at 8:31P M, from the causes and on the date stated above.

SIGNATURE R.W. Mackie — ADDRESS R.W. MACKIE, LCDR MC USN U.S.Naval Hospital, NNMC, Bethesda, Md. — DATE SIGNED 4-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9 April 1955
NAME OF CEMETERY OR CREMATORY Mount Union Cemetery
LOCATION (City, town, or county) (State) Buckhannon, W. Va.

DATE REC'D BY LOCAL REGISTRAR 7 APR 1955
REGISTRAR'S SIGNATURE Mary E. Tassell
24. FUNERAL DIRECTOR R.A. PUMPHREY FUNERAL HOME — ADDRESS 7557 Wisconsin Ave., Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

03797

3815 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY 47X-3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1948 Capitol Ave. NE

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Morgan (Last) Ford

4. DATE OF DEATH (Month) April (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 25 1896

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orange, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY NO.: 578-22-4730

17. INFORMANT & ADDRESS: Mrs. Ella Hodge, Landlady above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Left intracerebral hemorrhage — DUE TO — Interval Between Onset and Death: Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Atherosclerosis, cerebral arteries — DUE TO — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Heart Disease — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bramhall M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-20-55
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery
LOCATION (City, town, or county) (State) Va

DATE REC'D BY LOCAL REG. 4/18/55
REGISTRAR'S SIGNATURE 342 Bessie M. Thompson
24. FUNERAL DIRECTOR G. T. Stewart
ADDRESS 430-4 2nd-NE

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03798

3820

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 1 mo. 4 20 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY 4-1x-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 809 Quintana Pl. nw. ✓

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) (Last) Frank
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1955

5. SEX: F 7.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 30 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moore - John C
14. MOTHER'S MAIDEN NAME: Jeanette Sisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ruth L. Atkinson 809 Quintana Pl. nw

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	(1) Glioma of Cerebrum	6 years
DUE TO ANTECEDENT CAUSE (B)	(2) Cerebro-sclerosis	Undetermined
DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	(3) Generalized Arteriosclerosis	Undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiac Failure Chronic myocarditis Undetermined

19A. DATE OF OPERATION: 1949
19B. MAJOR FINDINGS OF OPERATION: Glioma of brain - inoperable
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951 to Apr 5, 1955, that I last saw the deceased alive on Apr 7, 1955, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE Geo. L. Bell M.D. ADDRESS 2835 Eastern Ave Silver Spring Md DATE SIGNED Apr 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 4-12-55 | NAME OF CEMETERY OR CREMATORY Memorial Park | LOCATION (City, town, or county) Topeka Kans. (State)

DATE REC'D BY LOCAL REGISTRAR April 9-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Deal Funeral Home | ADDRESS 4812 Ga Ave West DC

3521 03799

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) Dead
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Takoma Park~~ Md. COUNTY Montg.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park — 17
STREET ADDRESS (If rural, give location) 7904 Cole Ave.

3. NAME OF DECEASED: (Type or Print) (First) Roscoe (Middle) Conklin (Last) Gray

4. DATE OF DEATH (Month) April (Day) 15 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	Aug. 26, 1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Press Room Foreman	Newspaper Herald Pub.	Kentucky	American

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Washington Gray	Sara Elizabeth Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes WWI 1918 Army 6 mo	220-34-8279	~~Self~~ Mrs Agnes E. Gray — 7904 Cole Ave Takoma Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	sudden death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 1955	Arlington Natl Cemetery	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/16/55	Bessie M. Thompson	Arthur J. Dalton	254 Carroll St. N.W. Takoma Park 12, D.C.

03800

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3822

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ill. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago
STREET ADDRESS (If rural give location) 5141-3

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. (Last) Gray

4. DATE OF DEATH: (Month) Apl. (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7/5/66

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jed Gray

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hazel G Smith 2942 Bellevue Terrace NW Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: about 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis Generalized — yrs

DUE TO (C) Senility — yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatectomy — (about 3 months ago)

19A. DATE OF OPERATION: March 8 55

19B. MAJOR FINDINGS OF OPERATION: Enlarged Prostate Gland (District General Hospital)

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31/55, 19..., to 4/2/55, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Howard Allen M. D. ADDRESS Kensington Md DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 4-2-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-3-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS 4812 Georgia Ave NW Wash D C

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3823

03801

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaither Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Gaither Rd.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert Clark Frazier	Apr 1 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	9-6-1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Inspector	State Road	Pa	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clark Frazier	Juliet Geyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mary Frazier (wife) Same as Item 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ernest J. Bosserhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 4-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-16-55	Warrior's Mark	Warrior's Mark Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 15 1955	Ursula F. Cook	Ernest L. Gartner	Gaithersburg Md

VS. A15A - 5 - 53

3824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03802

CERTIFICATE OF DEATH

Reg. Dist. No. 213

Item 9, FilmG180 4-20-55 et

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac, Md.
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac
STREET ADDRESS (If rural give location) Councilman Lane

3. NAME OF DECEASED: (First) GUY (Middle) EDWARD (Last) GREER
4. DATE OF DEATH: (Month) (Day) (Year) 4-12-1955 19

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4-18-1891
9. AGE last birthday: 63 64 yrs.
IF UNDER 1 YEAR: Months 11 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Economist
10b. KIND OF BUSINESS OR INDUSTRY: US Gov't HFA
11. BIRTHPLACE (State or foreign country): No. Caroline
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Greer
14. MOTHER'S MAIDEN NAME: Emily Yates

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Jeanne K. Greer, Potomac, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X
Immediate cause (a) Dissecting Aneurysm of Aorta. — Interval Between Onset And Death: 1 year.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic ~~Heart~~ Vascular Disease — 10 year.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9/55, 19..., to 4/12/55, 19..., that I last saw the deceased alive on 4/12/55, 19..., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Frank, M.D. — ADDRESS 1014 Veirs Mill Rd, Rockville, Md. — DATE SIGNED 4/13/55.

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF Apr 15, 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 4/13/55
REGISTRAR'S SIGNATURE Laurell H. Bragdon
24. FUNERAL DIRECTOR ADDRESS Joseph Gawler Sons, 1756 P St. N.W. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03803

3825

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home 3000 Md. Columbia Ave 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 38 Jarrett Pl V

3. NAME OF DECEASED: (Type or Print) (First) ANNIE. (Middle) (Last) HAITH

4. DATE OF DEATH: (Month) APRIL (Day) 6 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed | 8. DATE OF BIRTH: Oct. 20 1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Manuel | 14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Julian C Haith 38 Jarrett Pl N.W.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 IMMEDIATE CAUSE	(A) Congestive Heart Failure	1 month
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis Generalized	yrs.
	DUE TO	
	(C) Senility	yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Undernutrition & Arteriosclerosis	yrs

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1953 to 4/6, 1955, that I last saw the deceased alive on 4/6, 1955, and that death occurred at 4:19 A. M, from the causes and on the date stated above.

SIGNATURE Samuel Bell M.D. | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	4/12/55	St. George Chapel	Lewes Delaware

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-7-55	Frances Potter	The S.H. Hines Co	2901-14 Ct. N.W. Washington D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03804

3828

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) Virginia (Last) Hall

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 7.25.98
9. AGE last birthday 56 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus Parker
14. MOTHER'S MAIDEN NAME: Barbara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A)	Hyperpyrexia	4 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Cerebrovascular Accident	10 days
	DUE TO (C)	Hypertensive Cardiovascular Disease	yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47, to 4/5, 1955, that I last saw the deceased alive on 4/4, 1955, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. Sandy Spring Md DATE SIGNED 4/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-9-55
NAME OF CEMETERY OR CREMATORY Ash. Memorial
LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-9-55
REGISTRAR'S SIGNATURE Gertrude B. Fowler
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03805

: 3827

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5063 Bradley Blvd. X

3. NAME OF DECEASED: (Type or Print) (First) Guy (Middle) Edward (Last) Hargreaves
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH:
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10B. KIND OF BUSINESS OR INDUSTRY Colgate Palmolive Peet
11. BIRTHPLACE (State or foreign country): Rutherford, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Edward Hargreaves
14. MOTHER'S MAIDEN NAME: ? Swazey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: daughter. Mrs. Theodore Woolsey

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Massive embolus left pulmonary artery — INTERVAL BETWEEN ONSET AND DEATH: 5 days
ANTECEDENT CAUSE (B) DUE TO Massive mural thrombus right ventricle — ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO old myocardial infarction — 7 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Advanced generalized arteriosclerosis, hypertension

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to April 8, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 10½ A.M., from the causes and on the date stated above.
SIGNATURE Stewart Lilly M.D. ADDRESS 3921 Ingomar St N.W. DATE SIGNED 4-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 4-9-55
NAME OF CEMETERY OR CREMATORY Geo. Wash. Memorial Pk.
LOCATION (City, town, or county) (State) Ridgefield Pk Bergen NJ

DATE REC'D BY LOCAL REGISTRAR 4/9/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts & Pumphrey
ADDRESS Bethesda Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03806

3771

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Albemarle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlottesville 83X-3
STREET ADDRESS (If rural give location) 1814 Stadium Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Ray H) (Middle) Ray (Last) Harper

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.
8. DATE OF BIRTH: 2/5/1891
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Richard Henry Hudson
14. MOTHER'S MAIDEN NAME: Bertha Flammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
157X IMMEDIATE CAUSE	(A) Congestive Cardiac Failure	Terminal
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Inanition	3 mos.
	DUE TO (C) Malignancy - (Ca) Pancreas	6 mos.?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. H

19A. DATE OF OPERATION: Feb. 1955
19B. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/, 1955, to 4/22, 1955, that I last saw the deceased alive on 4/22, 1955, and that death occurred at 12:25 P M, from the causes and on the date stated above.
SIGNATURE Robert A Hare. M. D. ADDRESS Takoma Park. Md. DATE SIGNED 4/22/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/25/55
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 4-22-55
REGISTRAR'S SIGNATURE J. Wilbur Dodd
24. FUNERAL DIRECTOR The S.E. Hines Co. ADDRESS Wash. D.C.

VS. A15 — 10 - 58

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03807

3828

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 9 days 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS 3809 [redacted] Thornapple St. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Virginia (Last) HARRIS

4. DATE OF DEATH: (Month) 4-10 (Day) (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-18-78
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months 4 Days 22 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Waterford, Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles GRAY
14. MOTHER'S MAIDEN NAME: Mary Williams MINOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. W.Z. Hurd - sister

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

IMMEDIATE CAUSE (A) DUE TO: Congestive heart failure, chronic — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Rheumatic heart disease and valvular damage — unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to 10 April, 1955, that I last saw the deceased alive on 10 April, 1955, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE Hubert Hurd, M.D. ADDRESS 5029 Bethesda Ave. DATE SIGNED 10 apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4-13-55
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Frederick, Frederick Co. Md.

DATE REC'D BY LOCAL REGISTRAR 4/12/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03808

3823

CERTIFICATE OF DEATH

Reg. Dist. No. 2 16

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 2924 McKinley St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Michael (Last) Haverstock

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Feb. 28, 1887
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contract examiner
10B. KIND OF BUSINESS OR INDUSTRY: U.S. General Accounting
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John C. Haverstock
14. MOTHER'S MAIDEN NAME: Amanda Bushey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Myrtle Haverstock 2924 McKinley St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Myocardial Infarction	8 weeks
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Thrombosis	"
	DUE TO (C) Coronary Atherosclerosis	5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1955, to April 13, 1955, that I last saw the deceased alive on April 13, 1955, and that death occurred at 8 20 P M, from the causes and on the date stated above.

SIGNATURE Robert O Darrell
ADDRESS M. D. 5516 Neb. Ave
DATE SIGNED 4-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 16 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 4/16/55
REGISTRAR'S SIGNATURE Bernie M. Thompson
24. FUNERAL DIRECTOR Cherry Tree Funeral Home Wash. D.C.
ADDRESS 5705 Wis. ave. N.W.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03809

3830

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Pierce 48x-3
STREET ADDRESS (If rural give location) Box 572

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Charles (Last) Haynsworth, Jr.

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 30, 1945

9. AGE last birthday: 9 yrs. IF UNDER 1 YEAR: Months 5 Days 14 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Haynsworth, Sr.

14. MOTHER'S MAIDEN NAME: Jacqueline Hucks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: The Medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.3
IMMEDIATE CAUSE (A) Intra-cerebral hemorrhage right hemisphere

ANTECEDENT CAUSE (S) DUE TO with extension to ventricles

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute Leukemia DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Aspiration pneumonia, focal, all lobes

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12 1955, to April 14 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 12 Noon from the causes and on the date stated above.

SIGNATURE & M.D. Leonard Lord ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 14 April

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF 4-15-55 | NAME OF CEMETERY OR CREMATORY Ft. Pierce | LOCATION (City, town, or county) (State) Ft. Pierce, Florida

DATE REC'D BY LOCAL REGISTRAR 4/16/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | U.S. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3831 **CERTIFICATE OF DEATH** 038(1)

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8416 Queen Anne's Drive

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) M. (Last) Heber

4. DATE OF DEATH: (Month) Apr. (Day) 21 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: April 11, 1867 | 9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): St. Charles, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Timothy M. Barr
14. MOTHER'S MAIDEN NAME: ?? Talbot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mr. Walter J. Heber, 8416 Queen Anne's Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 443X	(A) Cerebral Hemorrhage	18 Days.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Hypertensive Heart Disease	8-10 yrs.
DUE TO	(C) Arteriosclerosis Generalized	10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1946, to 21 Apr., 1955, that I last saw the deceased alive on 20 Apr., 1955, and that death occurred at 3:25 P.M. from the causes and on the date stated above.

SIGNATURE G. J. Heber M.D. ADDRESS 7112 Willow Ave. Takoma Park. DATE SIGNED 21 Apr. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial | DATE THEREOF 4/23/55 | NAME OF CEMETERY OR CREMATORY Hillside Cemetery | LOCATION (City, town, or county) (State) St. Charles, Minnesota

DATE REC'D BY LOCAL REGISTRAR 4/22/55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner & Pumphrey, ADDRESS 8434 Ga. Ave. Silver Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03811

3832 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Wisconsin Avenue enroute to U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camden 67X-3
STREET ADDRESS (If rural give location) 1130 Jackson Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Boyd (Last) HENSON

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-18-13

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Marion HENSON

14. MOTHER'S MAIDEN NAME: Minnie (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 207 209 305

17. INFORMANT'S NAME AND ADDRESS: Wife Mrs. Helen HENSON same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

#20.1
IMMEDIATE CAUSE (A) Myocardial Infarction — 1 hr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(260X)
DUE TO (B) Coronary Thrombosis — Unknown
DUE TO (C) Cirrhosis Alcoholic — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Apr, 1955 to 5 Apr, 1955, that I last saw the deceased alive on 5 Apr, 1955, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE David J. McKeown M.D. ADDRESS Naval Dispensary Washington D.C. DATE SIGNED 11 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10 Apr 1955

NAME OF CEMETERY OR CREMATORY: Jefferson Bks National Cemetery

LOCATION (City, town, or county) (State): Missouri

DATE REC'D BY LOCAL REGISTRAR: 8 Apr 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. Humphrey Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

03812

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3833 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 56 dys 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 7602 Lynn Drive

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Brady (Last) HINTON

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 7-2-08
9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edmund Brady
14. MOTHER'S MAIDEN NAME: Mamie Erwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Husband - Mr. Robert Hinton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X IMMEDIATE CAUSE (A) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Primary Carcinoma of Breast

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to April, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 5:55 AM, from the causes and on the date stated above.

SIGNATURE Edward Thomson M.D. ADDRESS 8016 Georgetown Rd DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/11/55	Arlington National	Arlington National Va

DATE REC'D BY LOCAL REGISTRAR 4/10/55 — REGISTRAR'S SIGNATURE Bernie M. Thompson — 24. FUNERAL DIRECTOR Robert L. Pumphrey — ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03813

3834 CERTIFICATE OF DEATH Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Kensington
STREET ADDRESS (If rural give location) 4304 Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Holm

4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 13, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Dewight Ladd

14. MOTHER'S MAIDEN NAME: ? Snow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rest Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral arteriosclerosis — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1955, to 4-10, 1955, that I last saw the deceased alive on 4-9, 1955, and that death occurred at Rest Home, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vernon E. Martens M.D. Germantown Md 4-10-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr 12-55 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 10, 1955 | REGISTRAR'S SIGNATURE Alenda G. Cooke

24. FUNERAL DIRECTOR ADDRESS 2901 14th St N.W. S.H. Hines Co. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03814

3835

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jacksonville 48x-3
STREET ADDRESS (If rural give location) 4324 San Juan ✓

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Grey (Last) HUFFMAN

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: W hite

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-28-01

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Kenny HUFFMAN

14. MOTHER'S MAIDEN NAME: Mary HUFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs. Ethel HUFFMAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X
IMMEDIATE CAUSE (A) Malignant brain tumor
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 25 April 1955

19B. MAJOR FINDINGS OF OPERATION: Large tumor, right cerebrum.

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Apr, 1955, to 26 Apr, 1955, that I last saw the deceased alive on 26 Apr, 1955, and that death occurred at 8:15P M, from the causes and on the date stated above.

SIGNATURE E. P. Thelen — ADDRESS E. P. THELEN LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2 May 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 26 Apr 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3836

03815

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: White Sulphur Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Boyds - R.F.D.
STREET ADDRESS (If rural, give location): White Sulphur Rd.

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) Conn (Last) Hunt

4. DATE OF DEATH (Month) Apr. (Day) 6 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	single	11-11-54	0 yrs.	5	25		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	—	Maryland	USA

13. FATHER'S NAME: Howard Hunt

14. MOTHER'S MAIDEN NAME: Freda Doane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Mother - Same as Item 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Broncho - pneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Boorhart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 4-6-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-7-55	Monocacy Cemetery	Beallsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6 1955	Charles J. Gorsuch	Wm. B. Hilton, Barnesville, Md.	

20X4203394

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03816

3837

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home 9810 Ga. ave S.S. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 6628-1st N.W.

3. NAME OF DECEASED: (Type or Print) (First) Millie (Middle) (Last) HUNT

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-20-1871

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph Graybell

14. MOTHER'S MAIDEN NAME: Sarah Erwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Thomas Doyle 6628-1st N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral accident — Interval Between Onset And Death: 4½ days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis. — Years (?)
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable bronchopneumonia — 2-3 days.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 19 55, to 4/20, 1955, that I last saw the deceased alive on 4/19, 1955, and that death occurred at 1.19 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E.B. Thompson M.D. — ADDRESS 1025 Vermont Ave. NW, Wash, D.C. — DATE SIGNED 4/21/55

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial — DATE THEREOF 4/23/55 — NAME OF CEMETERY OR CREMATORY Prospect Hill — LOCATION (City, town, or county) (State) York, Penna

DATE REC'D BY LOCAL REGISTRAR 4-22-55 — REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR The S.H. Hines Co. — ADDRESS 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03817

3772

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park, Md
   - LENGTH OF STAY (in this place) 1½ days
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hospital
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 11 (X-3)
   - STREET ADDRESS (If rural give location) 1336 Missouri Ave., N.W.
3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) — (Last) Isaacson
4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1955
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday 58 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X IMMEDIATE CAUSE	(A) Cerebro Vascular Accident	1½ days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Cardio Vascular Disease	? Long Duration
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Obesity	

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to April 25, 1955, that I last saw the deceased alive on April 25, 1955, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE Benjamin Isaacson M.D. ADDRESS 7896 Georgia Ave. S.S. Md. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
    - DATE THEREOF Apr 26 1955
    - NAME OF CEMETERY OR CREMATORY Ohev Sholom Cem.
    - LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 25 1955

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS 3501 14th St. N.W. D.C.

I

3773

03818

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 21 Film 6151 5-5-55 ama

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 8 hrs. 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Mt. Rainier 16-16-2
STREET ADDRESS (If rural, give location): 3321 Chauncey Pl. ✓

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Benjamin (Last) James

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	married	Nov. 13, 1899	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Maintenance	Amer. Fed. of labor	Washington D.C.	USA

13. FATHER'S NAME: Newton James

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) Navy 1920

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Washington Sanitarium and Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
904.5 Immediate cause	(a) Intracranial hemorrhage	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) fracture of skull	3 days
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street	21c. (City or town) Mt. Rainier (County) P.G. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-14-55 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? To have fallen on street due to Reported alcoholism

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Fran2 J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: 4-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/20/55	Fort Lincoln	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/18/55	Georgia Downey	F. Gooch's Sons	Hyattsville Md
4/20/55	J. Wilson Dodd. Reg.		

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03819

3838

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia 47X-3
STREET ADDRESS (If rural give location) 2 Hammock Green ✓

3. NAME OF DECEASED: (Type or Print) (First) Marian (Middle) Dawn (Last) JENKINS

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-17-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 5 Days 9 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jared Wayne JENKINS
14. MOTHER'S MAIDEN NAME: COX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Father Jared Wayne JENKINS Same as item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X
IMMEDIATE CAUSE (A) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Broncho pneumonia bilat. — 5 wks
DUE TO (C) Cystic Fibrosis Pancreas — birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 April 1955, to 26 April 1955, that I last saw the deceased alive on 26 April 1955, and that death occurred at 2:31 P M, from the causes and on the date stated above.

SIGNATURE M. S. Allen — ADDRESS M. D. USNH, NNMC, Bethesda, Maryland — DATE SIGNED

M. S. ALLEN LT, MC, USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 4-29-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 27 April 1955
REGISTRAR'S SIGNATURE Mary E. Donnelly
24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconson Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

20X4233385
VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03820

3839 CERTIFICATE OF DEATH Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Mississippi Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 610 Mississippi Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Jefferson (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Print Cleaner

10b. KIND OF BUSINESS OR INDUSTRY: Cornelius Printing

11. BIRTHPLACE (State or foreign country): Co. Montgomery County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Johnson

14. MOTHER'S MAIDEN NAME: Cinderella Duston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-03-8573

17. INFORMANT & ADDRESS: Mrs. Cecelia F. Johnson, 610 Mississippi Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Accute myocardial failure — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Adenocarcinoma of the prostate

DUE TO (c) invading the urinary bladder. — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cachexia and arteriosclerosis

19a. DATE OF OPERATION: 11-3-54

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of the prostate invading urinary Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9-41, 19 41, to 4-18, 19 55, that I last saw the deceased alive on 4-15, 19 55, and that death occurred at 5:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. E. Shoemaker M.D. 8005 Woodbury Dr. Silver Spring, Md. 4-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/20/55

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Burtonsville, Montgomery Co., Md

DATE REC'D BY LOCAL REGISTRAR 4-20-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

03821

MARYLAND STATE DEPARTMENT OF HEALTH

3840 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rockville
LENGTH OF STAY (in this place) life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 City 3 - R.F.D. 3 Norbeck

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural, give location) R.F.D. #3. 1

3. NAME OF DECEASED (Type or Print) (First) Maynard (Middle) (Last) Johnson

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1955

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 3/30/1895

9. AGE last birthday 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY County

11. BIRTHPLACE (State or foreign country) Norbeck, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Johnson

14. MOTHER'S MAIDEN NAME Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Ida Johnson - 442 Park Rd. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Apl, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE A.D. Bryant (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 4/15/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-17-55 — NAME OF CEMETERY OR CREMATORY Mt Pleasant — LOCATION (City, town, or county) Norbeck, Md (State)

DATE REC'D BY LOCAL REG. 4-17-55 — REGISTRAR'S SIGNATURE Gertrude B. Favels

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville, Md

03822

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3841

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 5 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 5 Kansas Ave. 56

3. NAME OF DECEASED: (Type or Print) (First) Thaddeus (Middle) Warren (Last) Johnson, Sr.

4. DATE OF DEATH: (Month) (Day) (Year) 4 - 2 1955

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-14-89

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salsbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Un Known

14. MOTHER'S MAIDEN NAME: Lavinia (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wife - Irene Johnson (above)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Cardiac Decompensation	1 day
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Myocardial Injarction DUE TO	1 day
	(C) Coronary Thrombosis	1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chr. Hydonephritis	2 yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Apr., 1955, to 2 Apr., 1955, that I last saw the deceased alive on 2 Apr., 1955, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE Elbert, M.D. ADDRESS Suburban Hosp. Bethesda 14, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/5/55

NAME OF CEMETERY OR CREMATORY Pilgrim Baptist

LOCATION (City, town, or county) (State) Linden, Md.

DATE REC'D BY LOCAL REGISTRAR 4/5/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03823

MARYLAND STATE DEPARTMENT OF HEALTH

3842

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12,110 Centerhill Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
56 / 1
STREET ADDRESS (If rural, give location): 12,110 Centerhill Street

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) Kasmala

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	5/20/20	34 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier, Post Office	U.S. Government	Ellsworth, Pennsylvania	U.S.A.

13. FATHER'S NAME: Frank Kasmala
14. MOTHER'S MAIDEN NAME: Mary Petro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Marguerite S. Kasmala, ~~12,110 Centerhill St.,~~ Wheaton Silver Spring, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Cardiac Decompensation	1-2d
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	1-2d
	(c) Coronary Occlusion	1-2d.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN): (COUNTY): (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Bouchard	M.D.	Gaithersburg Md	4-13-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/15/55	Arlington Nat'l. Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-15-55	Frances Potter	Warner E. Pumphrey,	8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03824

3843

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9129 Bradford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9129 Bradford Road

3. NAME OF DECEASED: (First) Omer (Middle) (Last) Kendig

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 4/24/92

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cable Splicer

10B. KIND OF BUSINESS OR INDUSTRY: C.&.P. Tel. Co.

11. BIRTHPLACE (State or foreign country): Oil City, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Kendig

14. MOTHER'S MAIDEN NAME: Alice France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-01-3316

17. INFORMANT & ADDRESS: Jay A. Kendig, 9129 Bradford Rd., Silver (Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Cardiac decompensation DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, Aortic dilatation

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1955 to 15 April, 1955, that I last saw the deceased alive on Nov, 1954, and that death occurred at 10:30 P M. from the causes and on the date stated above.

SIGNATURE William D. And M. D. ADDRESS Silver Spring DATE SIGNED 4/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 4/19/55

NAME OF CEMETERY OR CREMATORY Mt. Tunnel Cemetery

LOCATION (City, town, or county) (State) Elizabethtown, Lancaster Co. Pa.

DATE REC'D BY LOCAL REGISTRAR 4/19/55

REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U3825

3844

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2mo 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/ U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 4310 Cathedral Avenue, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Stover (Last) KEYSER

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-10-83
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Eugene KEYSER
14. MOTHER'S MAIDEN NAME: Mary STOVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Charlott KEYSER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Epidermoid Carcinoma Urinary bladder — 1 yr

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb, 1955, to 19 Apr, 1955 that I last saw the deceased alive on 19 Apr, 1955, and that death occurred at 2:00A M, from the causes and on the date stated above.

SIGNATURE B. S. TALBOT CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 21 Apr 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 19 April 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: Birchs Funeral HOme
ADDRESS: 3034 M Street, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03826

3774 **CERTIFICATE OF DEATH**

Reg. Dist. No. 223-...

1. PLACE OF DEATH:
   COUNTY Montgomery. MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park.
   LENGTH OF STAY (in this place) 32 days.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington San & Hosp Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY ? Mont.
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs. 56
   STREET ADDRESS (If rural give location) 102 Lyttonsmoor Dr. 1

3. NAME OF DECEASED: (Type or Print) (First) Lucie (Middle) Mae (Last) Kline

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, (MARRIED) WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-5-84

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Stohan.

14. MOTHER'S MAIDEN NAME: Celia Crough.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, Myocardial infarct — 3 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Portal cirrhosis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1952, to 4-27, 1955, that I last saw the deceased alive on 4-26-, 1955, and that death occurred at 1230 PM, from the causes and on the date stated above.

SIGNATURE John U. Andrews M.D. ADDRESS Silver Spring Md DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial & Transit | DATE THEREOF: 4/29/55 | NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery | LOCATION (City, town, or county) (State): Martinsburg, West Virginia

DATE REC'D BY LOCAL REGISTRAR: May 3-1955 | REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner & Humphreys ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03827

3845 CERTIFICATE OF DEATH Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Rural Gaithersburg MD
LENGTH OF STAY (in this place) 12 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Gaithersburg MD
STREET ADDRESS (If rural give location) R F D

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) EUGENE (Last) KNOTT

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 3 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John O Knott

14. MOTHER'S MAIDEN NAME: Sarra Mizell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: John O Knott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 10 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1955, to April 4, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE James V. Kerr M.D. (Degree or title) ADDRESS Hamesville Md DATE SIGNED April 5, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF April 6 1955 NAME OF CEMETERY OR CREMATORY St Mary's Barnesville LOCATION (City, town, or county) (State) MD

DATE REC'D BY LOCAL REGISTRAR April 5-1955 REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 013828

3775

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bradenville
STREET ADDRESS (If rural give location) P.O. Box 198

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) - (Last) Kollar

4. DATE OF DEATH: (Month) (Day) (Year) 4-8-1955

5. SEX: Fe

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 8-27-82

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Sabol

14. MOTHER'S MAIDEN NAME: Mary Varga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X

IMMEDIATE CAUSE (A) Hemohydrothorax, massive

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) metastatic malignant melanoma

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10/26/53

19B. MAJOR FINDINGS OF OPERATION Malig. Melanoma

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26, 1953, to 4/8, 1955, that I last saw the deceased alive on 4/8, 1955, and that death occurred at 4:45 P.M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Takoma Park Md DATE SIGNED 4/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Apr. 12, 1955

NAME OF CEMETERY OR CREMATORY UNITY CEMETERY

LOCATION (City, town, or county) (State) LATROBE, WESTMORELAND Co., PENNA.

DATE REC'D BY LOCAL REGISTRAR April 8 1955

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Waters

ADDRESS 254 Carroll St. N.W. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3829

3846

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manassas rural 83 X-3
STREET ADDRESS (If rural give location) RFD # 2 ✓

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Edward (Last) KORBE

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1-22-95
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Rudolph KORBE
14. MOTHER'S MAIDEN NAME: KRAMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Marie KORBE (Wife) Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Infarction myocardium — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis, coronary — years
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. aortic stenosis — years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 April, 1955, to 27 April, 1955 that I last saw the deceased alive on 27 April, 1955, and that death occurred at 3:00 M, from the causes and on the date stated above.

SIGNATURE C. S. STROUD CDR, MC, USN
ADDRESS M.D. U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 4-29-55
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 28 April 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS Ives Funeral Home, 2847 Wilson Blvd. Arlington, Virginia

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

20

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 038511

CERTIFICATE OF DEATH

Reg. Dist. No. 216

3847

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9900 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56
STREET ADDRESS (If rural give location) 110 Ritchie Avenue

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Lancaster

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 26, 1879
9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Stevenson
14. MOTHER'S MAIDEN NAME: Cassie Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Dorothy M. Stevenson 6336 Southern Ave. N.E. Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X IMMEDIATE CAUSE (A) Bi-lateral Lobar Pneumonia

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Chr. Myocarditis
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1955 to 4/27, 1955 that I last saw the deceased alive on 4/27, 1955, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE Calvin B. Le Compte M.D. ADDRESS 61 R St. N.E. DATE SIGNED 4/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/30/55
NAME OF CEMETERY OR CREMATORY Lincoln memorial
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REGISTRAR 5/2/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03831

3848 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine 13X-2
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) Alonia (Last) Lee

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Maried

8. DATE OF BIRTH: December 28,1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months 3 Days 23 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Appleton Payne

14. MOTHER'S MAIDEN NAME: Emma North Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153X IMMEDIATE CAUSE	(A) Carcinoma Cecum	1 yr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Intestinal Obstruction	7 days
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes	

19A. DATE OF OPERATION: 4/18/55

19B. MAJOR FINDINGS OF OPERATION: General Metastases, Colostomy

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1955, to 4/21, 1955, that I last saw the deceased alive on 4/20, 1955, and that death occurred at 3:20aM, from the causes and on the date stated above.

SIGNATURE J.M. B[illegible] M.D. ADDRESS Sandy Spring DATE SIGNED 4/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-24-55
NAME OF CEMETERY OR CREMATORY Forest Cet.
LOCATION (City, town, or county) (State) Gaith. Md.

DATE REC'D BY LOCAL REGISTRAR 4-22-55
REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR L. B. Pumphrey ADDRESS 7557 Wis. Ave Beth. Md.

X 73 M I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03832

3849

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9317 New Hampshire Ave

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56
STREET ADDRESS (If rural give location) 9317 New Hampshire Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) ELLEN (Last) LENZ

4. DATE OF DEATH: (Month) APRIL (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: January 1, 1888

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. C. Collins

14. MOTHER'S MAIDEN NAME: SARAH B. Talent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: W.H. Ridgeway - 9317 N.H. ave. Ss

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) arteriosclerotic Cardiovascular Dis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Vascular accident DUE TO — "

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4.40 P.M., from the causes and on the date stated above.

SIGNATURE Bernard K. Ostrom M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 4/16/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Prince Ges City Md

DATE REC'D BY LOCAL REGISTRAR April 14 1955 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR The D.H. Nines Co. | ADDRESS 2906 - 14th St. N.W. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03833

3850 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda,
LENGTH OF STAY (in this place) 123 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington 83X-3
STREET ADDRESS (If rural give location) 2417 N. Fairfax ✓

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) E. (Last) Lester

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 21, 1914

9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY: W.W.Mc Collum, INC.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alonzo White

14. MOTHER'S MAIDEN NAME: Ann Brackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. not available

17. INFORMANT & ADDRESS: The medical record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.1 IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute Myelogenous leukemia DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ----

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Dec. 1, 1955, to Apr. 3, 1955, that I last saw the deceased alive on Apr. 3, 1955, and that death occurred at 9:30AM, from the causes and on the date stated above.

SIGNATURE William C. Mohler M. D. ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 3 April 55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF 4-6-1955 | NAME OF CEMETERY OR CREMATORY National Memorial Park | LOCATION (City, town, or county) Falls Church (State) Va.

DATE REC'D BY LOCAL REGISTRAR 4/4/55 | REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR ADDRESS By J. E. Sutphin Eyes Funeral Home

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03834

3851 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural give location) 3710 Livingston St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) Marion (Last) Lettice

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: March 17, 1890

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Myron C. Lettice

14. MOTHER'S MAIDEN NAME: Elizabeth Wornhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Sister - Ethel Phillips

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4½ hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis, generalized severe — 10 yrs +

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinsonism, advanced, severe — 5 yrs +

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1952 to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE Elmer Webb M. D. ADDRESS 3921 Ingomas St. N.W. DATE SIGNED 4.3.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial - Transit DATE THEREOF 4/6/55 NAME OF CEMETERY OR CREMATORY Canajoharie Falls LOCATION (City, town, or county) Canajoharie Falls N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR 4-4-1955 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S.N. Hines Co. ADDRESS 2901 14th St. N.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03835

3852

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 8938 - Bradmoor Dr.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Taylor (Last) Luckett
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 23, 1898	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Adm. Asst.
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Luckett
14. MOTHER'S MAIDEN NAME: Josephine Dunbrack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Mrs. Marie Luckett 8938 Bradmoor Dr. Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Thrombosis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1955, to April 29 1955, that I last saw the deceased alive on April 28, 1955, and that death occurred at 12:45 A M, from the causes and on the date stated above.
SIGNATURE W. T. Doyle M. D. ADDRESS Bethesda, Md DATE SIGNED 4-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-55	Rock Creek Cem.	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/2/55	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03836

3778 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND Md.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 2901 Kensington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ada (Last) Magruder

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 21, ~~1955~~ 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 8 Days 28 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wilburn

14. MOTHER'S MAIDEN NAME: Ida Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Records - Washington San. & Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO — Approx 10 yrs

(260X) (C) Hypertensive Cardiovascular Disease Approx 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 3 days.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 1953, to April 19, 1955, that I last saw the deceased alive on April 19, 1955, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE Ralph R. Keller M. D. ADDRESS Silver Spring Md DATE SIGNED April 19, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4-22-55 — NAME OF CEMETERY OR CREMATORY: St. John's Forest Glen — LOCATION (City, town, or county) (State): Forest Glen, Montg. Md

DATE REC'D BY LOCAL REGISTRAR: April 20th 1955 — REGISTRAR'S SIGNATURE: J. Wilmer Dodd

24. FUNERAL DIRECTOR: Robert A. Humphreys — ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03837

3853 CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montg. Co. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville 13X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Maszanos

4. DATE OF DEATH: (Month) Apl (Day) 4 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3/5/1882
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Maszanos
14. MOTHER'S MAIDEN NAME: Anna Filipka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp. Rec.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Bronchogenic Carcinoma with — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Metastasis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1955, to 4/4, 1955, that I last saw the deceased alive on 4/4, 1955, and that death occurred at 9:05 P M, from the causes and on the date stated above.

SIGNATURE Wm Bryant M.D. ADDRESS Sandy Spring, Md DATE SIGNED 4/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 4/7/55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 4-8-55
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR ADDRESS MacNabb & Son, Catonsville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3854 **CERTIFICATE OF DEATH** Reg. Dist. No. 03838 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20452033555

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Triangle 83 X-3
STREET ADDRESS (If rural give location) 48 Lummus Lane, Thomason Pk. ✓

3. NAME OF DECEASED: (Type or Print) (First) Stewart (Middle) Boone (Last) MC CARTY III

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-22-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days Hours 10 IF UNDER 24 HRS. Min. 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Single

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stewart B. MC CARTY Jr.

14. MOTHER'S MAIDEN NAME: Valeria HOLT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father Stewart B. MC CARTY Jr. Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

769.6 IMMEDIATE CAUSE

(A) Pulmonary Hyaline Membrane Disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) ① Diabetic Mother — ② Prematurity at 36 weeks

DUE TO (C) ③ Infant born by Cesarian Section

INTERVAL BETWEEN ONSET AND DEATH: 10 hrs 13 min.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Apr, 1955, to 22 Apr, 1955, that I last saw the deceased alive on 22 Apr, 1955, and that death occurred at 6:40 PM, from the causes and on the date stated above.

SIGNATURE W. S. Matthews M.D. ADDRESS DATE SIGNED

W. S. MATTHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 25 Apr 1955

NAME OF CEMETERY OR CREMATORY Prince George Crematory

LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Apr 1955

REGISTRAR'S SIGNATURE Gary E. Farnelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3855

CERTIFICATE OF DEATH

03839

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Clarksburg, RFD
LENGTH OF STAY (in this place): MARYLAND 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg- R.F.D X 1
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Priscilla (Last) McDonough

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 13-1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Ferdinand Heisler

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Ray McDonough, Clarksburg MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1955, to 4/17, 1955, that I last saw the deceased alive on 4/17, 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE: James P. Kerr (Degree or title) M.D. ADDRESS: Hamoaers, Md. DATE SIGNED: 4/17/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/19/55

NAME OF CEMETERY OR CREMATORY: Methodist

LOCATION (City, town, or county) (State): Hyattstown Md

DATE REC'D BY LOCAL REGISTRAR: 4/18/55

REGISTRAR'S SIGNATURE: Charles W Elgin

24. FUNERAL DIRECTOR ADDRESS: William B. Hilton, Barnesville, Md

ITEM 7: FILM G183 6/24/55 dmr. 3856 03840

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1505 R. St. N.W. 47X-3

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Elwood McMillan	Apr 5 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	col	Married	Dec. 8, 1919	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Gen. Serv. Adm? U.S. Govt.	North Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alexander McMillan	Rose Millsat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Rose McMillan 202 Front St. Lumberton, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Arrest	Instantaneous
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Embolism of Left Descending Coronary	40 Minutes
DUE TO	(c) Thrombus, Mural, Left Atrium	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broccoli M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 4-5-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal			Lumberton N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/55	Bessie M. Thompson	J. D. Millan	Lumberton N.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03841

3777 CERTIFICATE OF DEATH Reg. Dist. No. 2-23

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 18 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY — 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 2210 32nd ST. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Hargrove (Last) Moffett

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4-19-83
9. AGE last birthday 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Gov. Worker.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Moffett
14. MOTHER'S MAIDEN NAME: Melinda Rusk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

542.1 IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis
DUE TO (C) Gastrojejunal ulcer with obstruction 2+ years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: March 17, 1955
19B. MAJOR FINDINGS OF OPERATION: Previous Gastroenterostomies with ulceration + obstruction.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1955, to 4-1-, 1955, that I last saw the deceased alive on 3-31, 1955, and that death occurred at 5:45 AM, from the causes and on the date stated above.
SIGNATURE Lyle A. Williams M.D. ADDRESS 8700 Colesville Rd Silver Spring, Md. DATE SIGNED 4/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: April 3-1955 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county) (State): Leesburg Virginia

DATE REC'D BY LOCAL REGISTRAR: April-1-1955 — REGISTRAR'S SIGNATURE: J. Hilton Dodd
24. FUNERAL DIRECTOR: Simmons Bros — ADDRESS: 1681-Quebec Hope Rd want ads.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3857 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03842 we

Items 8,9,17: film G180

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: 4-29-55 L
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 46 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belmar 67x-3
STREET ADDRESS (If rural give location) 4 Wight St.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Morris

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: NOV. 12 1882
9. AGE last birthday 72 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Trenton, N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Addison Wyckoff
14. MOTHER'S MAIDEN NAME: Katherine Corne ll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: John Hatfield 9123 Crestwood Kensington Md
Mrs. Alfaretta Hatfield 240 E. Del. Pl. Chicago Ill.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hours.
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — 10 mos Sy.
DUE TO
(C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1955, to April 21, 1955 that I last saw the deceased alive on April 21, 1955, and that death occurred at 6 45 M, from the causes and on the date stated above.
SIGNATURE George Thorpe M.D. ADDRESS 10644 Conn. Ave Kensington, Md DATE SIGNED 4-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Forest — DATE THEREOF 4/24/55 — NAME OF CEMETERY OR CREMATORY ~~Belmar~~ Hamilton — LOCATION (City, town, or county) Belmar Monmouth Co. (State) N.J.

DATE REC'D BY LOCAL REGISTRAR 4/22/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W.W. Chambers Co. — ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

3853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03843

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11,017 Burnley Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 11,017 Burnley Terrace
56 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Powers (Last) Morris

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Dec. 8, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Owner
10B. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): West Rutland, Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Powers
14. MOTHER'S MAIDEN NAME: Mary Haher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mr. Robert E. Morris, 11017 Burnley Terrace Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) Cerebral Artery Thrombosis	5 wks
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Cerebral Arteriosclerosis	2 yrs
DUE TO	(C) Generalized Arteriosclerosis	15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pulmonary Edema	intermittent

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to April, 1955, that I last saw the deceased alive on Sept., 1955, and that death occurred at 7:25 P.M., from the causes and on the date stated above.
SIGNATURE Wm. E. White M.D. ADDRESS 1134 Georgia Ave. DATE SIGNED April 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial
DATE THEREOF 4/6/55
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) (State) Rutland, Vermont

DATE REC'D BY LOCAL REGISTRAR 4-7-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner L. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 03844

3859

CERTIFICATE OF DEATH

Reg. Dist. No. 21 4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Jolliffs Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Ge
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural give location) 16X-2

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) MULHERN

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-22-1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months XXX Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ross Morrow

14. MOTHER'S MAIDEN NAME: Rebecca ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: W.E.Loveless-Iowa Falls, Iowa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — Interval Between Onset And Death: 3 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic myocardial disease — 2 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerosis — 6 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1953, to 4-1, 1953, that I last saw the deceased alive on 3-30, 1953, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert L. Cogen M.D.
ADDRESS 1219 Leeming Rd. Beltsville, Md.
DATE SIGNED 4-1-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 4-1-55
NAME OF CEMETERY OR CREMATORY Adelx Desoto
LOCATION (City, town, or county) (State) Adel, Iowa

DATE REC'D BY LOCAL REGISTRAR 4-1-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03845

3860

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Germantown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Germantown
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) E. (Last) NICHOLSON

4. DATE OF DEATH (Month) APRL (Day) 4 (Year) 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH APRIL 29 1860

9. AGE Last birthday 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home Duties

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward K Watkins

14. MOTHER'S MAIDEN NAME Sophronia P Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Cima Nicholson Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Intra-Cranial Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	Years.
	(c) Senility	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 48, to Apr. 6, 55, that I last saw the deceased alive on Apr. 4, 55, and that death occurred at 11 50 a.m., from the causes and on the date stated above.

SIGNATURE Faith Summerlin (Degree or title) M. D. ADDRESS Baltimore, Md DATE SIGNED Apr. 7, 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 9 1955

NAME OF CEMETERY OR CREMATORY Salem Cedar Grove

LOCATION (City, town, or county) (State) Montgomery Co

DATE REC'D BY LOCAL REG. Apr. 7, 1955

REGISTRAR'S SIGNATURE Amelia G. Cooke

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

#9. See Film G181 5/5/55 jst.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03846

3861

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Viola (Last) Nicholson

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 12/31/99
9. AGE last birthday: 56 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hessie
14. MOTHER'S MAIDEN NAME: Rosie Mobley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X IMMEDIATE CAUSE (A) Carcinomatosis — 3 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Adenocarcinoma of uterus with metastasis — 7 mos

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9/55, 19.., to 4/14/55, 19.., that I last saw the deceased alive on 4/13/55, 19.., and that death occurred at 2:15a M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Sandy Spring, Md DATE SIGNED 4/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-18-55
NAME OF CEMETERY OR CREMATORY Mountain View Cem
LOCATION (City, town, or county) (State) Purdum Prong Co Md

DATE REC'D BY LOCAL REGISTRAR 4-15-55
REGISTRAR'S SIGNATURE Gertrude B Fawley
24. FUNERAL DIRECTOR W. W. Chambers
ADDRESS 1307 2M St. NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03847

3862

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
LENGTH OF STAY (in this place) Since 1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 3007 Dawson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56 1
STREET ADDRESS (If rural give location) 3007 Dawson Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WILLIAM PAUL O'BRIEN

4. DATE OF DEATH: (Month) (Day) (Year) April 1 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 30 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Buick Car Dealer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Potomac, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles M. O'Brien

14. MOTHER'S MAIDEN NAME: Eliza A. Stearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-03-4060

17. INFORMANT & ADDRESS: Nellie W. O'Brien, 3007 Dawson Ave., S. S., (Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Acute Coronary Thrombosis	instant
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary Arteriosclerosis - Hypertension	16 yr.
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1950, to 4-1-, 1955, that I last saw the deceased alive on 4-1, 1955, and that death occurred at 5:10 P M, from the causes and on the date stated above.

SIGNATURE Francis J. Richardet M. D. ADDRESS 7717 Alaska Ave. N.W. Wash. D.C. DATE SIGNED 4-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/5/55

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Silver Spring, Montgomery Co Maryland

DATE REC'D BY LOCAL REGISTRAR 4/5/55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3848)

3863

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place) 13 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Queens 69x3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Howard Beach
STREET ADDRESS (If rural give location) 158-18 92nd St

3. NAME OF DECEASED: (First) Andrew (Middle) J. (Last) O'Reilly Jr.
4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 2, 1889	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger Retired Shipbuilding
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew J. O'Reilly
14. MOTHER'S MAIDEN NAME: Ellen Fallon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: 158-18 92nd St; Mary O'Reilly Howard Beach, N.Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
428.1 IMMEDIATE CAUSE	(A) Cardiac Decompensation	3d
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Myocardial Infarction DUE TO	4d
	(C) Coronary Thrombosis	4d

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/, 1955 to 4/10/, 1955, that I last saw the deceased alive on 4/10/, 1955, and that death occurred at 4½ A M, from the causes and on the date stated above.
SIGNATURE Joseph M. Jones M.D. M.D. ADDRESS Rockville Md. DATE SIGNED 4/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-55	St. Johns	Queens Co. New York

DATE REC'D BY LOCAL REGISTRAR 4/12/55 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Trumpbour ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03849

3864

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
LENGTH OF STAY (In this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 240

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Germantown (rural)
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Alexander (Last) Palmer

4. DATE OF DEATH (Month) Apr (Day) 24 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col	Single	10-31-33	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	landscape	Md	USA

13. FATHER'S NAME: Wm Mck Palmer
14. MOTHER'S MAIDEN NAME: Sarah Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes 1951		Mrs Sarah Palmer (mother) Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812.1

Immediate cause (a) Thoracic hemorrhage - crushed chest — DUE TO — Interval Between Onset and Death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of 4th & 5th dorsal vertebrae — DUE TO

(c) Auto injury

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY highway	21c. (City or town) Clarksburg (County) Monty (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-24-55 - 4:45 A M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Pedestrian - Struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 28, 55	Arlington National Cemetery	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 27 55	Arnold L. Gosh	Robert L Snowden	Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03850

3865 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3 mo 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 2425 33rd Street, S.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Lee (Last) PAYNE

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12-27-02
9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James PAYNE
14. MOTHER'S MAIDEN NAME: Annie LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 135 167 525
17. INFORMANT & ADDRESS: Wife Mrs. Mary Agnes PAYNE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X
IMMEDIATE CAUSE (A) Pulmonary Edema & Lobular Pn. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Pulmonary metastasis — 6 months
DUE TO (C) adenocarcinoma, RT. Kidney — 22 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May 1953
19B. MAJOR FINDINGS OF OPERATION: inoperable adenocarcinoma RT. kidney.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Dec, 1954, to 11 Apr, 1955, that I last saw the deceased alive on 11 Apr, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE W E Fraser — ADDRESS — DATE SIGNED
W. E. FRASER LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 14 Apr 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12 Apr 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR — ADDRESS
Mattingly Funeral Home 131 11th Street, S.E. Washington, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03851

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~

3866 **CERTIFICATE OF DEATH** Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.# 3 Gaithersburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown, (Rural)
STREET ADDRESS (If rural give location) Gaithersburg, Maryland

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MARSHALL PAYNE	April 10, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	3-20-71	84 yrs.	0 / 10	

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Owner	Virginia	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Marshall Payne	Eliza Duke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Mick Martin-Item# 2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	One hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular Disease	10 years.
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma Skin, Rt ear	10 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ,1954, to 10 Apr, 1955, that I last saw the deceased alive on 9 Apr, 1955, and that death occurred at 3 A.M, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M Smith	M.D	Boyd	11 Apr 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-13-55	Remington	Remington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/13/55	Laurell H. Kraglorp Kraglorp	Robert H. Dumphrey	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3867

CERTIFICATE OF DEATH

Reg. Dist. No. 03852 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural-Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD# 3 Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Potomac X
STREET ADDRESS (If rural give location) RFD# 3 Bethesda 1

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) (Last) PERRY

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 8, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry C. Perry

14. MOTHER'S MAIDEN NAME: Vandelia Heater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ralph C. Perry- Item# 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) acute coronary occlusion	20 minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) coronary heart disease, chronic	12 years.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to April, 1955, that I last saw the deceased alive on 14 April, 1955, and that death occurred at 7 20 P. M, from the causes and on the date stated above.

SIGNATURE Robert W. Wyman M. D. ADDRESS 7659 Georgetown Rd. Bethesda 14 Md. DATE SIGNED 15 April 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4-17-55

NAME OF CEMETERY OR CREMATORY: Potomac

LOCATION (City, town, or county) (State): Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/18/55

REGISTRAR'S SIGNATURE: Bessie M Thompson

24. FUNERAL DIRECTOR: Robert L. Pumphrey ADDRESS: Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3868

CERTIFICATE OF DEATH

Reg. Dist. No. 03852

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban	STREET ADDRESS (If rural give location) 6724 Wilson Lane

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) Elizabeth (Last) Perry

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Aug. 7, 1891 | 9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 8 Days 22 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Erasmus Perry | 14. MOTHER'S MAIDEN NAME: Rebecca Evely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Noble F. Perry - 6724 Wilson Lane Bethesda Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Acute Myocardial Infarction	3 days
ANTECEDENT CAUSE (S) DUE TO	(B) Coronary Heart Disease	3 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X) DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	5 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1955, to Apr. 29, 1955, that I last saw the deceased alive on Apr. 29, 1955, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

SIGNATURE Sidney [illegible] M.D. ADDRESS 3921 [illegible] St. N.W. Wash. D.C. DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 2, 1955 | NAME OF CEMETERY OR CREMATORY Pot. Meth. Church | LOCATION (City, town, or county) (State) Montgomery Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/2/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03854

3869 CERTIFICATE OF DEATH Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X CHEVY CHASE, MD.
LENGTH OF STAY (in this place) 8 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE X
STREET ADDRESS (If rural give location) 4201 BRADLEY LANE 1

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) McKOY (Last) PEWETT

4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1955

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: AUG 7, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HOT SPRING COUNTY ARKANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDWIN RUTHVEN McKOY

14. MOTHER'S MAIDEN NAME: HARRIET McCAMMON McKOY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: KATHLEEN PEWETT KLEE 106 AVE. C BILLINGS, MONTANA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

158X
Immediate cause (a) PERIPHERAL VASCULAR COLLAPSE
DUE TO LEIOMYOSARCOMA ARISING FROM
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) RETROPERITONEAL AREA - LEFT UPPER
DUE TO QUADRANT OF ABDOMEN
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: MARCH 24, 1955

19b. MAJOR FINDINGS OF OPERATION: LEIOMYOSARCOMA — RETROPERITONEAL AREA

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MAR. 17, 1955, to APR 11, 1955, that I last saw the deceased alive on APR 9, 1955, and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. D. Whitley M. D. 2011 R ST, N.W. Wash. D.C. 4/11/55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4-11-1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Jonesboro Arkansas

DATE REC'D BY LOCAL REGISTRAR 4/11/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS J. A. Butler & Sons, Wash., D.C.

VS. A15

03855

MARYLAND STATE DEPARTMENT OF HEALTH

3778 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 922 Rosemere Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harward	George	Pigott	4-	15-	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Caucasian	Married	7-4-11	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gas Station Opr.	—	W. Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Homer S. Pigott	Florence E. Harbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	yes	Hazel R. Pigott - (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
782.4 Immediate cause	(a) Acute Cardiac failure	½ hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
260X	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	13 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M. D.	Gaithersburg Md	4-15-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	4/19/55	Geo. Wash. Mem. Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-20-55	J. Milton Dodd	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health, prior to burial, cremation or removal, and in any event, within 72 hours after death.

VR A15 (1) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY: Montgomery — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
c. LENGTH OF STAY IN 1b: 103 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): The Clinical Center, The National Institutes of Health

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Virginia
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Norfolk
d. STREET ADDRESS: 761 Marvin Avenue
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Ethel — Middle: Louise — Last: Potter

4. DATE OF DEATH: Month: April — Day: 19 — Year: 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: October 1, 1898

9. AGE (In years last birthday): 56 yrs.
IF UNDER 1 YEAR: Months: — Days: —
IF UNDER 24 HRS.: Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (County & State, or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Pullard

14. MOTHER'S MAIDEN NAME: Corenne Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT — Address: The Medical Record, The Clinical Center

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carcinoma of Cervix	
DUE TO		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)	Pyelonephritis and Peritonitis	
DUE TO (c)	Hepatic failure, secondary to metastasis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ **OR CONTRIBUTING** ☐ **CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)**

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from Jan. 6, 19 55 to April 19, 19 55, that (I) (we) last saw the deceased alive on April 19 19 55, and that death occured at M, from the causes and on the date stated above.

22a. SIGNATURE: Robert R. Smith M.D.

ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS: The Clinical Center, National Institutes of Health

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: April 22, 1955

23c. NAME OF CEMETERY OR CREMATORY: Forrest Lawn, Granby Street, Norfolk, Virginia

23d. LOCATION (City, town or county) (State)

24 FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Ewell & Williamson, 436 W. 35th St., Norfolk, Virginia

25a. REC'D BY REGISTRAR DATE: AUG 2 '61

25b. REGISTRAR'S SIGNATURE: Arthur L. Kraus

10/61
mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03856

3870

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Pratt

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 10/29/1881
9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jason Pratt
14. MOTHER'S MAIDEN NAME: Mary Ellen (unk)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mary Dent, Manchester Pl. Silver Sp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
181X IMMEDIATE CAUSE	(A)	Uremia	1 wk
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Hydronephrosis	5 mo
	DUE TO (C)	Carcinoma of Urinary Bladder	6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1955, to 4/23, 1955, that I last saw the deceased alive on 4/22, 1955, and that death occurred at 4:10 A.M., from the causes and on the date stated above.
SIGNATURE Dorothy Gill, M. D. ADDRESS 7511 Arlington Rd. Bethesda DATE SIGNED 4-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/26/55
NAME OF CEMETERY OR CREMATORY: Ash Memorial
LOCATION (City, town, or county) (State): Sandy Spring Md.

DATE REC'D BY LOCAL REGISTRAR: 4/26/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: R. L. Snowden
ADDRESS: Rockville Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3871

CERTIFICATE OF DEATH

03857

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

9V35991991

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 34 days
51 HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charleston
85X-3
STREET ADDRESS (If rural give location): 705 F Street ✓

3. NAME OF DECEASED: (First) Nancy (Middle) Jean (Last) PRINCE

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S ingle

8. DATE OF BIRTH: 3-2-55

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 1 Days 16 — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Prentice (n) PRINCE

14. MOTHER'S MAIDEN NAME: Myrtle BLANKENSHIP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Father Prentice PRINCE
Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751X IMMEDIATE CAUSE — (A) Purulent meningitis — INTERVAL BETWEEN ONSET AND DEATH: 8days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myelomeningocele — 1mo 16days.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Interatrial septal defect — 1mo 16 days.

19A. DATE OF OPERATION: 4-6-55

19B. MAJOR FINDINGS OF OPERATION: Internal hydrocephalus, myelomeningocele.

20. AUTOPSY? YES XX NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, frrm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Mar, 1955 to 18 Apr, 1955 that I last saw the deceased alive on 18 Apr, 1955, and that death occurred at 4:15PM, from the causes and on the date stated above.

SIGNATURE E. P. Thelen — ADDRESS — DATE SIGNED

E. P. THELEN LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit

DATE THEREOF: 21 Apr 1955

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): West Virginia

DATE REC'D BY LOCAL REGISTRAR: 19 Apr 1955

REGISTRAR'S SIGNATURE: Mary E. Farnelly

24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03858

3779

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 33 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs
STREET ADDRESS (If rural give location) 8406 Queen Anne's Dr.

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Edward (Last) Reardon

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: 5-11-98
9. AGE last birthday 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director
10B. KIND OF BUSINESS OR INDUSTRY: Federal Home Loan Bank
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick H. Reardon
14. MOTHER'S MAIDEN NAME: Mary E. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

190X

IMMEDIATE CAUSE (A) Malignant Melanoma

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) with metastases to bones DUE TO

(C) liver, spleen & other organs - Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1955 to April 14, 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE Philip E. Jones M.D. — ADDRESS 918 Ellsworth Drive Silver Spring, Md. — DATE SIGNED April 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial
DATE THEREOF 4/17/55
NAME OF CEMETERY OR CREMATORY Nineveh Cemetery
LOCATION (City, town, or county) (State) Nineveh, New York

DATE REC'D BY LOCAL REGISTRAR 4-20-55
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03859

3872

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charleston 85 x 3
STREET ADDRESS (If rural give location) 206 F Snowhill Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Basron (Last) ROBERTS Jr.

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1-15-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George B. ROBERTS Sr.

14. MOTHER'S MAIDEN NAME: Sylvia J. WILLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Mrs. Sylvia J. ROBERTS Mother Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 IMMEDIATE CAUSE (A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congenital Heart Disease — 3 mos.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Mar, 1955, to 12 Apr, 1955, that I last saw the deceased alive on 12 Apr, 1955, and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE E. J. RUPNIK LT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit

DATE THEREOF 4-13-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) West Virginia

DATE REC'D BY LOCAL REGISTRAR 13 Apr 1955

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR & ADDRESS A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

9115994994

MARYLAND STATE DEPARTMENT OF HEALTH

03860

3780

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (In this place): 17 U.S.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hosp. 75

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring 56
STREET ADDRESS (If rural, give location): 9120 Georgia Ave 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Lester	Rogers	Apr	8	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	12-4-1905	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Gasoline gas Station	Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Rogers	Harriet Hagerty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Raymond Rogers 1511 Van Buren St NW Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D.	Gaithersburg Md	4-8-55

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 11, 1955	Ft. Lincoln Cemetery	Prince George County, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 8 1955	J. Hilton Dodd	Joseph L. Walters	254 CARROLL ST. N.W., TAKOMA PARK 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3873

CERTIFICATE OF DEATH

03861

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Monty Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville 13 X - 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Charlotte (Middle) Moriah (Last) Ross

4. DATE OF DEATH: (Month) H (Day) 11 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 4. 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2

Immediate cause (a) Mesenteric Thrombosis DUE TO — Interval Between Onset And Death: 9 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1955, to April 11, 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED April 11, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-14-55 NAME OF CEMETERY OR CREMATORY Fairfax Cem LOCATION (City, town, or county) (State) Fairfax, Va

DATE REC'D BY LOCAL REGISTRAR 4-11-55 REGISTRAR'S SIGNATURE Gertrude B. Lawlor

24. FUNERAL DIRECTOR & ADDRESS Eversly Funeral Home Fairfax, Va By C.L. Smith

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3874

CERTIFICATE OF DEATH

03862 Reg. Dist. No. 24

Items 8,12 FilmG180 4-25-55 et

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Wheaton
LENGTH OF STAY (in this place) MARYLAND 6yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton X
STREET ADDRESS (If rural give location) 11717 Kingtree ST

3. NAME OF DECEASED: (Type or Print) (First) Lucia (Middle) (Last) Scafide

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/21/1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sicily, Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: VINCENT LOMBARDO

14. MOTHER'S MAIDEN NAME: BENEDETTE BEIAQUA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: DOMINIC SCAFIDE (SON) 11717 KINGTREE RD, WHEATON, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension & Cardio Vascular dis.
DUE TO (c) Previous Strokes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1955 to April 17 1955 that I last saw the deceased alive on 4-17, 1955, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Carew M.D. ADDRESS 6727-16th N.W. DATE SIGNED 4-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF April 20 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 4-19-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W.W. Chambers Co
ADDRESS 1400 Chapin St N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3875

CERTIFICATE OF DEATH

03863

Reg. Dist. No. 2-4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kensington
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-15-2
STREET ADDRESS (If rural give location) 5805 Queen Chapel Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) White (Last) Scharf

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 16 March 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert J. T. White

14. MOTHER'S MAIDEN NAME: Mary Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Edward G. Scharf, 3809 Blackthorn St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Arteriosclerosis — 10 yrs
DUE TO (C) Generalized Arteriosclerosis — 20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 April, 1955, to 14 April, 1955, that I last saw the deceased alive on 13 April, 1955, and that death occurred at 5:05 A M, from the causes and on the date stated above.

SIGNATURE Weston J. White M. D.
ADDRESS 1134 Georgia Ave. Silver Spring, Md.
DATE SIGNED 14 April 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/16/55
NAME OF CEMETERY OR CREMATORY Lake View Cemetery
LOCATION (City, town, or county) (State) Hamilton, Virginia

DATE REC'D BY LOCAL REGISTRAR 4-15-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03864

3876

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rural- Damascus
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Damascus X
STREET ADDRESS (If rural give location): R.F.D. Monrovia 1

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) May (Last) Senseney

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 4, 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph H. Davidson

14. MOTHER'S MAIDEN NAME: Elizabeth E. Sedgwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. — —

17. INFORMANT & ADDRESS: Mrs Harry Gutridge, Cheverly, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease 5 years

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Nov. 10, 1945 to April 18, 1955, that I last saw the deceased alive on April 16, 1955, and that death occurred at 3:00 P M, from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. ADDRESS Damascus Md. DATE SIGNED April 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 20, 1955	Congressional	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: April 19, 1955 — REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3877

CERTIFICATE OF DEATH

Reg. Dist. No. 03865 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
STREET ADDRESS (If rural give location) 02X-2

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Shipley

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug-18-1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 7 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Stayed home

10b. KIND OF BUSINESS OR INDUSTRY: House-keeping

11. BIRTHPLACE (State or foreign country): Harmans, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Shipley

14. MOTHER'S MAIDEN NAME: Mary E. Kircher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Rhonda Asbury Methodist Home

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec-20-1954, to April-5-1955, that I last saw the deceased alive on 3-30-1955, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) M.D. ADDRESS 7-Booker Ave, Gaithersburg, Md. DATE SIGNED 4/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-7-55 NAME OF CEMETERY OR CREMATORY Friendship LOCATION (City, town, or county) Harmans (State) Md

DATE REC'D BY LOCAL REGISTRAR Apr. 5, 1955 REGISTRAR'S SIGNATURE Rhonda L. Cook

24. FUNERAL DIRECTOR Ernest B. Gaither ADDRESS Gaithersburg Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03866

3781

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 8 Pine Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 8 Pine Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) HAZEL (Middle) ELIZABETH (Last) SHURE

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 31, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Silver Creek, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Towne

14. MOTHER'S MAIDEN NAME: Bertha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ralph G. Shure, Springbrook, S.S. Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 443X	(A) Uremia	4 Days.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Heart Disease	15 years
	DUE TO (C) Arteriosclerosis Generalized	15 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Dec., 1954, to 8 Apr., 1955; that I last saw the deceased alive on 7 Apr., 1955, and that death occurred at 2 40 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 7112 Willow Ave. Takoma Park. DATE SIGNED 8 Apr. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 11. 1955

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR April 8 1955

REGISTRAR'S SIGNATURE J. Wilson Beck

24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters, 254 Carroll St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03867

3873

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Loudon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bluemont
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED: (First) Willis (Middle) (none) (Last) SIXMA
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5 August 1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Sixma
14. MOTHER'S MAIDEN NAME: Flora Vander-Koi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: Not available
17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Necrotizing papillitis, kidneys

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Addison's disease

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Histoplasmosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 19 55, to 4-9-, 19 55, that I last saw the deceased alive on 4-9-, 19 55, and that death occurred at 5:20PM 4.9.55, from the causes and on the date stated above.

SIGNATURE R Miller (Degree or title) M.D. ADDRESS N.C.I. DATE SIGNED 4.10.55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-13-55
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) (State) Arlington, Arlington Va.

DATE REC'D BY LOCAL REGISTRAR 4/12/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
FUNERAL DIRECTOR Robert H. Humphrey
ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03808C

3879

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural - Silver Spring
LENGTH OF STAY (in this place) Since 1952
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9o Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Hill 83x-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) A. (Last) SMALL

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer- retired

10B. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence F. Small

14. MOTHER'S MAIDEN NAME: Katherine Lodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-01-0696

17. INFORMANT & ADDRESS: Mrs. Gertrude M. Small, P.O. Box 355, Round Hill, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Acute Congestive Failure with Cerebral edema — 12 hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis — Years.
DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Vascular accident — 9 yrs. ago. Bronchial pneumonia (Lobar) — 4 days

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1955, to 4-2, 1955, that I last saw the deceased alive on 4-2, 1955, and that death occurred at 9:25 P M. from the causes and on the date stated above.

SIGNATURE Richard Rogers M.D. ADDRESS M.D. 1919 Linwood Rd. Silver Spring, Md. DATE SIGNED 4-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/5/55

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 4-5-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03869

CERTIFICATE OF DEATH

3880 Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 243 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE -- COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47 X .3
STREET ADDRESS (If rural give location) 2830 R St., S.E.

3. NAME OF DECEASED: (First) Josephine (Middle) S. (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: March 3, 1908
9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10B. KIND OF BUSINESS OR INDUSTRY: Federal Government
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: T. Shiro
14. MOTHER'S MAIDEN NAME: Margaret Sigand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 577-07-2322
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

216X IMMEDIATE CAUSE (A) Bilateral hydromephrosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) serous cystadenoma of overy
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of brest, metastatic

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1954, to Apr. 19, 1955, that I last saw the deceased alive on Apr. 19, 1955, and that death occurred at 11.00 A M, from the causes and on the date stated above.

SIGNATURE J. M. VanBuren for Dr. Max Scherer M. D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED Apr 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-23-1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR 4/21/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. Wm Lee Sons Co
ADDRESS Wash. D C

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

03870

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3881

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5211 Goddard Road

3. NAME OF DECEASED: (Type or Print) (First) Palmer (Middle) — (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR: Months 10 Days 8 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Dept. of Agri.

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Smith

14. MOTHER'S MAIDEN NAME: Anna Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Frank W. Smith 5211 Goddard Road, Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH ½ years

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Metastasis—lungs, liver, Kidneys Skeleton etc.

19A. DATE OF OPERATION: Dec. '54

19B. MAJOR FINDINGS OF OPERATION Lobectomy, left lower Cells myocardiobinfarct

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 4/3, to 4/16, 1955, that I last saw the deceased alive on 4/16, 1955, and that death occurred at 7:30 P M, from the causes and on the date stated above.

SIGNATURE Rita B Burdett ADDRESS M.D. 4935 Mass Ave NW DATE SIGNED 4/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 4-18-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 4/18/55 | REGISTRAR'S SIGNATURE Bruce M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03871

3882

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 16-38-2
STREET ADDRESS (If rural give location) 6001 Forrest Road ✓

3. NAME OF DECEASED: (Type or Print) Francis (First) Dale (Middle) STEVENS (Last)

4. DATE OF DEATH: April (Month) 17 (Day) 1955 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-11-16
9. AGE last birthday 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry F. STEVENS
14. MOTHER'S MAIDEN NAME: Loretta E. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WWII & Korea
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Ida M. STEVENS Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) infarction myocardium — 13 days
DUE TO (C) arteriosclerosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Apr, 19 55 to 17 Apr, 19 55 that I last saw the deceased alive on 17 Apr, 19 55, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE C. S. STROUD CDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 22 Apr 1955
NAME OF CEMETERY OR CREMATORY Arthur Cemetery
LOCATION (City, town, or county) (State) Arthur, Illinois

DATE REC'D BY LOCAL REGISTRAR 18 Apr 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03872

3883

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 Hampden St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 3900 Hampden

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Rosetta (Last) Still

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: February 6, 1886 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Datcher
14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Evelyn R. Moses 3900 Hampden St. Kensington Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Chronic Nephritis & Edema

DUE TO

(C) Hypertensive C. V. Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bence Jones Proteinuria 1954

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1954 to April 28, 1955 that I last saw the deceased alive on April 28, 1955, and that death occurred at 9:15 A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D. Webley Lowell Dorsey Bldg Hyatts
DATE SIGNED 4-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 30, 1955
NAME OF CEMETERY OR CREMATORY Beverly Memorial
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 5/2/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR AND ADDRESS Robert L. Snowden - Rockville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03873

3884

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1mo 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/ U. S/ Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Idaho COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blackfoot 50 x -3
STREET ADDRESS (If rural give location) 116 North Fisher P.O. Box 347

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Mahon (Last) TOMLINSON

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-8-18

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Financial Attache U.S. Govt

10B. KIND OF BUSINESS OR INDUSTRY: Treasury Dept

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William M. TOMLINSON

14. MOTHER'S MAIDEN NAME: L Celestine WEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Phyllis TOMLINSON Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
416 X IMMEDIATE CAUSE	(A) Cerebral Infarction, Massive, Right Tempo-	
ANTECEDENT CAUSE (S) DUE TO	parietal area	4 Months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)	
	(C) Rheumatic Heart Disease	10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Mar, 1955 to 24 Apr, 1955, that I last saw the deceased alive on 24 Apr, 1955, and that death occurred at 5:00P M, from the causes and on the date stated above.

SIGNATURE R G Williams ADDRESS R. G. WILLIAMS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 30 Apr 1955 | NAME OF CEMETERY OR CREMATORY Grove City Cemetery | LOCATION (City, town, or county) (State) Blackfoot, Idaho

DATE REC'D BY LOCAL REGISTRAR 26 Apr 1955 | REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03874

3782

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 5½
STREET ADDRESS (If rural give location) 12603 Dean Road

3. NAME OF DECEASED: (Type or Print) (First) Janet (Middle) Elizabeth (Last) Trout

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 2-13-76

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Coyner

14. MOTHER'S MAIDEN NAME: Elizabeth Van Lear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Cerebral arteriosclerosis — 5 yrs.

DUE TO (C) Essential hypertension — 15 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1955 to April 12 1955, that I last saw the deceased alive on April 12, 1955, and that death occurred at 10:40 M, from the causes and on the date stated above.

SIGNATURE Edmund M. Bagaent M.D. ADDRESS Wash. DC DATE SIGNED 4.12.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial - Tremont

DATE THEREOF 4 15 55

NAME OF CEMETERY OR CREMATORY Arlington Natl. Cem.

LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR April 13 1955

REGISTRAR'S SIGNATURE J. Helm Dodd

24. FUNERAL DIRECTOR J. W. Hines Co. ADDRESS 2901 14th St. N.W. Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03875

CERTIFICATE OF DEATH

3885

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Gaithersburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.7. Box #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Gaithersburg; STREET ADDRESS (If rural give location) R.7. Box #3

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) [illegible] (Last) Utterback

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 8, 1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months 9 Days 21 IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Manley Rush

14. MOTHER'S MAIDEN NAME: ? Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Herbert Heflin - R.7. Box 3 Gaithersburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 30 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 19[illegible], to April ....., 19 55, that I last saw the deceased alive on April ....., 19 55, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Poolesville Md DATE SIGNED 29 April 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 5-2-55 — NAME OF CEMETERY OR CREMATORY Union — LOCATION (City, town, or county) (State) Leesburg, Va.

DATE REC'D BY LOCAL REGISTRAR 5/2/55 — REGISTRAR'S SIGNATURE Laurel H. Bragdon — 24. FUNERAL DIRECTOR Robert R. Pumphrey — ADDRESS Beth., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3886 **CERTIFICATE OF DEATH** Reg. Dist. No. 03876 205

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda, Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale 16-25-2
STREET ADDRESS (If rural give location) 5317 Patterson Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Era (Middle) Elizabeth (Last) VAUGHAN

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-22-86
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward R. ANDERSON
14. MOTHER'S MAIDEN NAME: Lizzy SPICER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband John M. VAUGHAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Myocardial Infarction, recent — 3 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — 10 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Apr, 19 55 to 14 Apr, 19 55, that I last saw the deceased alive on 14 Apr, 19 55, and that death occurred at 11:30A M, from the causes and on the date stated above.

SIGNATURE Gerald L. Pitman M.D. ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED
G. I. PLITMAN LT MC USN

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 17 Apr 1955
NAME OF CEMETERY OR CREMATORY Masonic Cemetery
LOCATION (City, town, or county) (State) Culpepper, Virginia

DATE REC'D BY LOCAL REGISTRAR 14 Apr 1955
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR ADDRESS GUEST Funeral Home Culpepper, Virginia

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 03877

3887

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Darnestown (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #2 Germantown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown (Rural) X
STREET ADDRESS (If rural give location) R.F.D #2 Germantown

3. NAME OF DECEASED: (Type or Print) (First) H. (Middle) Carroll (Last) WALTERS

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10-2-77

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 6 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard H. Walters

14. MOTHER'S MAIDEN NAME: Anna M. Thriff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-18-1457-A

17. INFORMANT & ADDRESS: Virginia Walters-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X — (a) Uremia — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerotic Hypertensive C-V disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — 5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1950, to 10 Apr. 1955, that I last saw the deceased alive on 10 Apr. 1955, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon McSmith, M.D. ADDRESS Boyd, Md DATE SIGNED 11 April 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-13-55 | NAME OF CEMETERY OR CREMATORY Darnestown Presby. Ch. | LOCATION (City, town, or county) (State) Darnestown, Montg. Md.

DATE REC'D BY LOCAL REGISTRAR 4/12/55 | REGISTRAR'S SIGNATURE Laurell H. Bragtorp | FUNERAL DIRECTOR Robert E. Humphrey. | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03878

3883

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 4604 Drummond Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) ADELAIDE (Middle) L. (Last) WALTON

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 8, 1862

9. AGE last birthday 92 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Phillips

14. MOTHER'S MAIDEN NAME: Nora ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Harold P. LeWald, 4604 Drummond Ave., Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170X IMMEDIATE CAUSE	(A) Cerebral Thrombosis & hemiplegia	10 da.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinoma of L. breast & metastases to bones	2½ yrs.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to April 14, 1955, that I last saw the deceased alive on Apr. 14, 1955, and that death occurred at 2.35 P.M., from the causes and on the date stated above.

SIGNATURE Leo M. Curtis M.D. ADDRESS 5707 Wisconsin ave. Chevy Chase Md. DATE SIGNED 4/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/18/55

NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

LOCATION (City, town, or county) (State) Brooklyn, N.Y.

DATE REC'D BY LOCAL REGISTRAR 4/16/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Chevy Chase Funeral Home

ADDRESS 5103 Wis., Ave., N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3859 **CERTIFICATE OF DEATH** Reg. Dist. No. 03879 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) Apr. 20, 1955
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 57
STREET ADDRESS (If rural give location) 616 Silver Spring Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Fay (Middle) D. (Last) Weide

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: April 22, 1893 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Logan, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. Alexander DeJarnette
14. MOTHER'S MAIDEN NAME: Hulda Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: (Silver Spring, Md. Robert L. Weide, 616 Silver Spring Ave.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	7 d.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertension	10-15 yr
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1946 to 4/25 , 1955 that I last saw the deceased alive on 4/25 , 1955 , and that death occurred at 6:20 M. from the causes and on the date stated above.
SIGNATURE William D. Cud M. D. ADDRESS Silver Spring, Md. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 29, 1955 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 5/2/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS Silver Spring, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3890 **CERTIFICATE OF DEATH** Reg. Dist. No. 03890 2/2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 176 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE -- COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47X-3
STREET ADDRESS (If rural give location) 227 T St. N.E. √

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) B. (Last) Whitmore

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1955

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: January 7, 1918

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not stated

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas Brooks

14. MOTHER'S MAIDEN NAME: Eleanor Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1711X IMMEDIATE CAUSE (A) Carcinoma of cervix with widespread

ANTECEDENT CAUSE (S) DUE TO metastases (lumbar vertebrae, pelvic viscera, periaortic lymph nodes, lungs,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) and peritoneum)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-20-54

19B. MAJOR FINDINGS OF OPERATION: Tumor in trigone area

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Nov. 3, 1954, to Apr. 28, 1955, that I last saw the deceased alive on Apr. 28, 1955, and that death occurred at 3:55 P M, from the causes and on the date stated above.

SIGNATURE Ross M. Miller, Jr. M. D. ADDRESS The Clinical Center Natl. Institutes of Health DATE SIGNED Apr. 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 5-3-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Markum, Va.

DATE REC'D BY LOCAL REGISTRAR 5/2/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Frazier Funl. Home ADDRESS 389-R-4 Alexandria, Va.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03881

3891

CERTIFICATE OF DEATH

Reg. Dist. No. 215

Item 9, FilmC181 5-5-55 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Atlantic City 67X-3
STREET ADDRESS (If rural give location) 210 Florence Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Avery (Last) WIGHTMAN

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-30-22
9. AGE last birthday 32 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Earl B. WIGHTMAN
14. MOTHER'S MAIDEN NAME: Grace C. MC CLELLAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mrs. Mary F. WIGHTMAN (Wife) Same asabove

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
IMMEDIATE CAUSE (A) Carcinoma of Descending Colon with Metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 Months.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4-15-55
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Descending Colon with Metastases
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Mar, 1955, to 26 Apr, 1955, that I last saw the deceased alive on 26 Apr, 1955, and that death occurred at 8:00 PM, from the causes and on the date stated above.

SIGNATURE D. J. WILLIAMS CDR MC USN — ADDRESS U. S. Naval Hospital, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 29 Apr 1955
NAME OF CEMETERY OR CREMATORY Prince George County Crematory
LOCATION (City, town, or county) (State) Pringe George Co, Md.

DATE REC'D BY LOCAL REGISTRAR 27 Apr 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3783

MARYLAND STATE DEPARTMENT OF HEALTH

03882

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

Item 6, Film C181 5-5-55 e t

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — 01-02-2
STREET ADDRESS (If rural, give location) 308 Mountainview Dr.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Louise (Last) Wilson

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: Amer. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/4/1880

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Peter Pressman

14. MOTHER'S MAIDEN NAME: (Unknown) Herbek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Washington San & hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

#420.1

Immediate cause (a) Coronary occlusion — 1 hr. 15 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J Bosshart M. D. — Gaithersburg Md — 4-29-55

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial — Rose Hill Cemetery — Cumberland Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Apr 30 1955 — J. Milton Dodd — J. W. Leapley — 300-4 St. N.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03883

3892

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 7211 Exeter Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X
STREET ADDRESS (If rural give location): 7211 Exeter Road 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) WILLIAM (Last) WILSON

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 19, 1879

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months 11 Days 6 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Wilson

14. MOTHER'S MAIDEN NAME: Elizabeth Fortnam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Grace A. Wilson, 7211 Exeter Rd. Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

331X
Immediate cause (a) Respiratory Failure — 48 hours

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 4/23/55 + 12/20/53

DUE TO (c) Advanced arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950 to 4/25, 1955, that I last saw the deceased alive on 4/24, 1955, and that death occurred at 5 00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Jeggers Jr. M.D. — ADDRESS: 5707 Wisconsin Ave Chevy Chase, Md. — DATE SIGNED: 4/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/28/1955 — NAME OF CEMETERY OR CREMATORY: Parklawn — LOCATION (City, town, or county) (State): Rockville, Montg. Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/28/55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS: Robert A. Humphreys — Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03884

3893

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda RURAL
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd 74

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville 26
STREET ADDRESS (If rural give location) 216 W. Montgomery Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Edward (Last) Conner

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: July 9, 1881 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months 8 Days 23 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: Mining | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harman Conner | 14. MOTHER'S MAIDEN NAME: Lavia Crowe 216 W. Montgomery Ave Rockville, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 208-05-9183

17. INFORMANT & ADDRESS: Agnes J. Conner

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Generalized arteriosclerosis — 20 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1953 to 2 April, 1955, that I last saw the deceased alive on 2 April, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE W. G. Hall M. D. ADDRESS Rockville, Md. DATE SIGNED 4/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-5-1955 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State) Barnesville, Md.

DATE REC'D BY LOCAL REGISTRAR 4/4/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberts A. Humphreys ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3894

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03885

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Connecticut — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hamden
STREET ADDRESS (If rural give location): 89 Santa Fe Avenue

3. NAME OF DECEASED: (First) Virginia (Middle) Voeth (Last) WOODYARD

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-5-11

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife s

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert W. VOETH

14. MOTHER'S MAIDEN NAME: Ruth FISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Husband Edward L. WOODYARD
Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Peritonitis and Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Perforation of Bowel + Liver metastases — 1 week

DUE TO (C) Carcinoma of Sigmoid Bowel — 6 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pleural effusion. Jaundice.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Mar, 1955, to 15 Apr, 1955, that I last saw the deceased alive on 15 Apr, 1955, and that death occurred at 8:20A M, from the causes and on the date stated above.

SIGNATURE: C. W. Russell — DATE SIGNED

ADDRESS: C. W. RUSSELL LDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 19 Apr 1955 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 15 Apr 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland